

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **628**

FILED FEB 14 1949

BIRTH NO. 48-72417 REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>470 S Shrader St.</u>		d. STREET ADDRESS (If rural, give location) <u>470 S Shrader</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carol</u> b. (Middle) <u>Jean</u> c. (Last) <u>McGinnis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Oct. 3, 1948</u>
9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR Months <u>24</u> Days <u></u> IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>		10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elmer McGinnis</u>		13b. MOTHER'S MAIDEN NAME <u>Inez Dumas</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer McGinnis</u> ADDRESS <u>Liberty, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis - asphyxia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Upper respiratory infection</u> DUE TO (c) <u>Marasmus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>501</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>30 Oct 1948</u> , to <u>27 Jan, 1949</u> , that I last saw the deceased alive on <u>27 Jan, 1949</u> , and that death occurred at <u>9:30 P m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Forndorferman m.p.</u>		23b. ADDRESS <u>Liberty, Mo.</u>	
23c. DATE SIGNED <u>28 Jan 49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>29 Jan 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
24d. LOCATION (City, town, or county) (State) <u>Liberty Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Gardner</u> ADDRESS <u>Liberty, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN. 29 - 1949</u>		REGISTRAR'S SIGNATURE <u>William H. Haynes</u> <u>64</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-11-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed by me, or by~~ *not embalmed*

~~working under my personal supervision.~~

Student
Student Embalmer

~~Student Embalmer No.~~

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.