

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

11851

FILED APR 19 1949

BIRTH NO. ....		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>28</u>	
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>			
c. LENGTH OF STAY (in this place) .....				d. STREET ADDRESS (If rural, give location) <u>470 S Shrader</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>470 S Shrader</u>				d. STREET ADDRESS (If rural, give location) <u>470 S Shrader</u>			
3. NAME OF DECEASED (Type or Print) <u>Sharon</u>		a. (First) <u>Sharon</u>		b. (Middle) <u>Kay</u>		c. (Last) <u>McGinnis</u>	
4. DATE OF DEATH <u>April 7 1949</u>		(Month) (Day) (Year)		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>Sept. 30, 1947</u>		9. AGE (In years last birthday) <u>1</u> <u>6</u> <u>7</u>		10. IF UNDER 1 YEAR: Days <u>7</u> Hours <u>0</u> Min. <u>0</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>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Liberty Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Elmer S 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>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer S McGinnis</u>		ADDRESS <u>Liberty</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>491X</u> DUE TO (c) <u>Lack of Medical Care</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</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) .....		21f. HOW DID INJURY OCCUR? <u>CASE</u>	
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"/>		22. I hereby certify that I attended the deceased from <u>April 2, 1949</u> , to <u>April 7, 1949</u> , that I last saw the deceased alive on <u>April 7, 1949</u> , and that death occurred at <u>Liberty, Mo.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>O. Pate M.D. Coroner</u>		(Degree or title) <u>3</u>		23b. ADDRESS <u>North Kansas City, Mo.</u>		23c. DATE SIGNED <u>4/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 9, 1949</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. P. Carter</u>		ADDRESS <u>Liberty, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 2,

District File Number

Date Filed 4-18-49

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—

Student Embalmer No. \_\_\_\_\_

~~working under my personal supervision.~~

Student \_\_\_\_\_  
Student Embalmer

Signed

*[Signature]*

Licensed Embalmer No. 3934

P. O. Address Liberty Mo.

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.