

REC'D NOV 3 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35401  
Do not use this space.

1. PLACE OF DEATH  
(a) County Cathartian Registration District No. 184  
(b) Township Linsley Primary Registration District No. 5255  
(c) City ..... (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Lee McGinnis  
(a) Residence, No. .... St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Widow)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 6 13  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
13. NAME John McGinnis  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenner  
15. MAIDEN NAME Emily Taylor  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenner  
17. INFORMANT Cesar McGinnis  
(ADDRESS) Cedar 240, R.R.#  
18. BURIAL, CREMATION, OR REMOVAL PLACE Prophet DATE Aug 31 1938  
19. FUNERAL DIRECTOR T. B. Chaffin  
(ADDRESS) Cedar 240  
20. FILED Oct 19 1938 Foretta Howard Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1938  
22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1938, to Aug 30, 1938.  
I last saw him alive on Aug 28, 1938. Death is said to have occurred on the date stated above, at 9 a.m.,  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis complicated with degeneration  
Date of onset 1 1/2  
Other contributory causes of importance:  
Name of operation None Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ....  
Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased No  
If so, specify .....  
(Signed) J. H. Wade, M. D.  
Cedar 240

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-410

Date Filed 10/24/38

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**