

U.S. No. 2  
OM-5-42  
Rev. 5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38485**

**FILED NOV 20 1944**

Registration District No. **264**

Primary Registration District No. **5893**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County **Ozark**

(b) City or town **Rural - Lick Creek *Jan 29***  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) **1**

(d) Length of stay: In hospital or institution **69 yrs.** (Specify whether years, months or days)

In this community **69 yrs.** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ozark *7-1***

(c) City or town **Mammoth - rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **no**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Luther Mattison McGinnis**

3. (b) If veteran, name war:

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **2** year **1944** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **1944 to Sept 2 1944**  
that I last saw him alive on **2 Aug 29 1944**  
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Gertie McGinnis**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **August 1 1875**  
(Month) (Day) (Year)

Immediate cause of death: **Mitral Regurgitation** Duration **2 yrs.**

Due to:

8. AGE: Years **69** Months **1** Days **1** If less than one day hr. min.

Other conditions: **92b**  
(Include pregnancy within 3 months of death)

Major findings: **92b**

Of operations:

Of autopsy:

9. Birthplace **Ozark County Missouri ( )**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business:

12. Name **Aaron McGinnis**

13. Birthplace **Tenn. 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **not known**

15. Birthplace **not known Tenn. 1**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Hess McGinnis**

(b) Address **Mammoth, Missouri**

17. (a) **Burial** (b) Date thereof **9-3-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **xxxxx Mammoth Cemetery**

23. While at work? (Specify type of place) (e) Means of injury

Signature **St E Paer** (M. D. number)

Address **Paris, Mo** Date signed **9/31/44**

18. (a) Signature of funeral director **xxxxx Clinkingbeard**

(b) Address **Gainesville, Missouri**

19. (a) **9-3-44** (b) **Margaret Hutchison**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

770

1009

RECEIVED

District Health Officer No. 6,

District File Number 1144-1146

Date Filed NOV 14 1944

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Hannsville MD

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.