

5-42  
v. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2729

State File No.

FILED FEB 4 1946  
Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town RURAL, N. CAMPBELL TWP.  
(c) Name of hospital or institution: Route #6  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town N. Campbell rural - Spfld.  
(d) Street No. Rt. 6.  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME

Ellen Marie Mc. Ginnis

3. (b) If veteran, name war None

3. (c) Social Security No. UNK

4. Sex F M / 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife UNK  
6. (c) Age of husband or wife if alive Dec years  
7. Birth date of deceased June 17 th 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 17  
If less than one day hr. min.

9. Birthplace Christian County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

MOTHER { 12. Name John Viles  
13. Birthplace England UNK. ENGLAND  
14. Maiden name Laura Litler  
15. Birthplace Unknown UNK?

16. (a) Informant Clyde Mc. Ginnis

(b) Address 919 East Pine, Springfield,

17. (a) Burial (b) Date thereof 1-7, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yakley Cemetery

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) 1-7-46 (b) W. S. Haedley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 th. year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-10 to 1-4, 1946

that I last saw her alive on 12-31-1945

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 6 mo

Due to Hypertension

Due to Senility

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: no

Of operations no

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (e) Means of injury

23. Signature J. F. Freeman (M. D. or other)

Address Springfield, Mo Date signed 1-5-46

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

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111

DEC 3 1946

**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..... *C. D. McCallister*.....

Licensed Embalmer No. *2891*.....

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.

X