

FILED DEC 4 1947

Registration District No. 5

Primary Registration District No. 5030

Registrar's No. 30

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

**1. PLACE OF DEATH:**  
 (a) County Atchison  
 (b) City or town Tarkio--rural  
(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) 3  
 (d) Length of stay: In hospital or institution: \*\* (Specify whether  
 In this community life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Atchison  
 (c) City or town Tarkio  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** JAMES WILLIAM McGINNIS  
 (b) If veteran, \*\*  
 name war \_\_\_\_\_  
 (c) Social Security No. 486-32-4707

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Nov day 13th  
 year 1947 hour 10 minute 45 P.M.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased: June 5 1930  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
17 5 8 hr. \_\_\_\_\_ min.

Immediate cause of death: MULTIPLE FRACTURES OF SKULL  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Tarkio Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation day labor

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Forrest B. McGinnis  
 13. Birthplace Westboro Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Alma B. Walker  
 15. Birthplace Ava Missouri  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: 003  
 (a) Accident, suicide, or homicide (specify) ACCIDENT  
 (b) Date of occurrence Nov 13-1947  
 (c) Where did injury occur? 4 1/2 M N.E. TARKIO ATCHISON MO  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Forrest B. McGinnis  
 (b) Address Tarkio, Missouri.  
 17. (a) burial (b) Date thereof 11/16/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Center Grove Cemetery

While at work? No (Specify type of place) CARBURETOR  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Thos F Jay DD 2  
(City or town) (County) (State) or other  
 Address WESTBORO MO. Date signed 11-14-47

18. (a) Signature of funeral director Davis Funeral Home  
Tarkio, Mo.  
 (b) Address \_\_\_\_\_  
 19. (a) Nov. 15-47 (b) Mrs. H. W. Cunningham  
(Date received local registrar) (Registrar's signature)

896171 NDC

JUN 15 1948

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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..... *John M. Davis* .....

Licensed Embalmer No..... 2394 .....

P. O. Address..... Tarkio, 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.