

No. 2
1-4-41
1-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Throgmorton
State File No. 3660

Registration District No. 393

Primary Registration District No. 3074

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3rd St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Sikeston
(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 FRANCIS MCGINNIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nora 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Dec 27 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months - Days 28 If less than one day hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor on raising property

11. Industry or business _____

12. Name William M. Ginnis

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Caldwell
(City, town, or county) (State or foreign country)

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Butler

(b) Address Sikeston Mo

17. (a) removal (b) Date thereof 1-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myrtle Mo

18. (a) Signature of funeral director W. J. Henry

(b) Address Sikeston Mo

19. (a) 2-6-48 (b) Mrs. F. F. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1948 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 19-Jan
1948 to 25-Jan 1948
that I last saw him alive on 24-Jan 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis, Cancer Endometrium Duration 4-5 day

Due to Debility

Due to Age

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. B. Throgmorton (M. D. or other) _____

Address Sikeston, Mo. Date signed 27 Jan 48

RECEIVED

District Health Office No. 2.

District File Number 248-199

Date Filed 2-9-48

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Likeston 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.