V. S. No. 2
10M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27140

State File No.

FILED SEP 10 1945

Registration District No. 7-3 Primary Registration District No. 3014 Registrar's No. 97

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 234 S. Gallitan St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 49 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay 24
(c) City or town Liberty (If outside city or town limits, write "RURAL") 2
(d) Street No. 234 S Gallitan St 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Claude McGinness

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased July (Month) 7 (Day), 1896 (Year)

8. AGE: Years 49 | Months 1 | Days 24 | If less than one day hr. min.

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

10. Usual occupation Trucking (hauling)

11. Industry or business Self

FATHER
12. Name Daniel McGinness
13. Birthplace Kearney (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Josephine Collins
15. Birthplace Clinton Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Birt McGinness
(b) Address 312 N Grover St. Liberty

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview, Liberty

18. (a) Signature of funeral director [illegible]
(b) Address 119 E Franklin St

19. (a) Sept. 4. 45 (Date received local registrar) (b) Minnie Hargus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1945 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from 8-6, 1945 to 9-1, 1945
that I last saw h. alive on 9-1, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory paralysis	
Due to: Cerebral hemorrhage	
Due to: hypertension	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy [illegible]	

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

23. Signature O. M. Smith (M. D. or other) M.D.
Address Liberty, Mo. Date signed 9-3-45

1412 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No

9-6-45

SEP 12 1945

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 O. J. Carder Jr

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.