

DEC'D SEP 13 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

27883

Do not use this space.

3194

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 359  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3194  
 (c) City Kansas City (d) Street No. 2017 E. 29th St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Mrs. Nora Christine Ginther 526

(a) Residence, No. 2017 E. 29th St. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel C. Ginther

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 21st 1884

7. AGE YEARS 53 MONTHS 11 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada13. NAME John Kane14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada15. MAIDEN NAME Dont Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know17. INFORMANT William J. Ginther  
(ADDRESS) 2017 E. 29th St.18. BURIAL, CREMATION, OR REMOVAL Burial  
PLACE St. Marys Ceme. DATE 8/12/3819. FUNERAL DIRECTOR (NAME) W. F. Jayberry  
(ADDRESS) Linwood And Olive K. C.20. FILED Aug 11 1938 M. M. Brown  
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10/38 19

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw Deutsche alive on 8/10/38 19. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Deute + Chronic Coronary Date of onsetThrombosisDeute + Chronic myocardialinfarctionOther contributory causes of importance: 9/4/38Name of operation Autin Date of 9/4/38What test confirmed diagnosis Autin Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Autin Date of injury 8/10/38, 19Where did injury occur? Autin (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury AutinNature of injury Autin24. Was disease or injury in any way related to occupation of deceased? 4If so, specify Autin(Signed) Autin M. D.(Address) Autin

---

---

**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.....

Licensed Embalmer No.....

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, above space should be left blank.**