

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

29200  
Do not use this space

SEP 12 1939

**1. PLACE OF DEATH**

(a) County GREENE Registration District No. 315  
 (b) Township N. Campbell Primary Registration District No. 5439  
 (c) City SPRINGFIELD (d) Street No. County Farm St.  
 (e) Length of residence in city or town where death occurred 82 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. R-8 St.  (If nonresident, give city or town and State) R#8  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Mary Alice Ginger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 11 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 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) opark mo 0

FATHER 13. NAME Nimrod Ginger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gening

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Glyde Ginger R-8 Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE McConnell DATE 8-4-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagon Funeral Springfield

20. FILED Aug 3 1939 Chas A. George Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1939

22. I HEREBY CERTIFY, That I attended deceased from July 24 1939 to Aug 2 1939  
 I last saw him alive on Aug 1 1939 Death is said to have occurred on the date stated above, at 11 P. m.  
 The principal cause of death and related causes of importance were as follows:

Nephritis  
 Date of onset 4 yrs.

Other contributory causes of importance:  
Senility

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? P. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) A. D. Stone, M. D.  
 (Address) Springfield, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

X