

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

44946
Do not use this space.

1. PLACE OF DEATH
 (a) County WAYNE Registration District No. 890
 (b) Township..... Primary Registration District No. 4539
 (c) City GREENVILLE (d) Street No..... 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 ANNA GINDER
 (a) Residence, No. RETTIS COUNTY MISSOURI (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE F. GINDER.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 20, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 - 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MORGAN COUNTY MISSOURI

FATHER 13. NAME JOHN MEIWAHD
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DRESDEN GERMANY

MOTHER 15. MAIDEN NAME ANNA BAKKE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOLLAND

17. INFORMANT (ADDRESS) MRS. MINNIE DAWSON GREENVILLE Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT BRANCH CEMETERY DATE 12-26-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dwaine King Lamont, Mo

20. FILED Dec 28 1939 Mabel Beasley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1939, to 12/24, 1939
 I last saw him alive on 12/22, 1939. Death is said to have occurred on the date stated above, at 2:40 P.M. 24

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 12/14/39

Other contributory causes of importance: 108

Name of operation none Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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? NO
 If so, specify.....
 (Signed) O. A. Engen, M. D.
 (Address) Greenville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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.....

Geo. P. Leuchel

Licensed Embalmer No. *3475*

P. O. Address *Monton, Ill.*

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.