DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25478

Registration District No. 413 | Primary Registration District No. 5559 C. | Registrar's No. 39

1. PLACE OF DEATH:

(a) County Jasper Mineral Twp

(b) City or town WEBB CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jasper Co TBC Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Da
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 2301 Picher
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Leo J. Gingrich

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Thurl Gingrich

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

7. Birth date of deceased Mar (Month) 20 (Day) 1901 (Year)

8. AGE: Years 39 | Months 3 | Days 19 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Miner

11. Industry or business Leo Gingrich

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

MOTHER
14. Maiden name Molly Mayo
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Records

(b) Address

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 10. 40 (Month) (Day) (Year)

(c) Place: burial or cremation HORNET CEM. JOPLIN, MO. R.

18. (a) Signature of funeral director WEBB CITY UND. CO

(b) Address WEBB CITY, MO

19. (a) JULY 10. 40 (Date received local registrar) (b) [signature] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1940 hour 2 minute a M.

21. I hereby certify that I attended the deceased from July 8, 1940 to July 9, 1940; that I last saw him alive on July 8, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Silico-Tuberculosis	
Due to: Chronic Congestion Heart failure	
Due to: Cor Pulmonale	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 23	
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? 3 (Specify type of place)

While at work? (e) Means of injury

23. Signature Jesse E. Douglass (M. D. or other)

Address Webb City MO Date signed 7/10/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

40-8-260

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.