

STANDARD CERTIFICATE OF DEATH

32430

State File No.

Registration District No. 470

Primary Registration District No. 6'6 33

Registrar's No. 122

OCT 23 1940

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 840 days
In this community 840 days
years, months or days

3. (a) PRINT FULL NAME Louis Ginter

8. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 1st 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Glasgow Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Louis Ginter

13. Birthplace Salisbury Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bertoch

15. Birthplace Salisbury Missouri
(City, town, or county) (State or foreign country)

18. (a) Informant E. McM. chael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof Sept. 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury Mo

18. (a) Signature of funeral director E. W. F. ...

(b) Address Glasgow Mo

19. (a) Sept 28, 1940 (b) P.A. HOLMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Glasgow
(c) City or town Route 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th
year 1940 hour 7:55 minute P. M.

21. I hereby certify that I attended the deceased from June 9th
1940 to Sept. 27th 1940
that I last saw him alive on Sept. 27th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary TB Duration 3 yrs.

Due to _____
Due to TB

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? 42!

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

28. Signature P. R. ... (M. D. or other) _____

Address Mount Vernon Mo Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number 1040-2675

Date Filed OCT 9 1940

JUL 1 1943

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.....

E. W. Fremont

Registered Apprentice No.....

working under my personal supervision.

Signed

E. W. Fremont

Licensed Embalmer No.

3978

P. O. Address

Glasgow 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, above space should be left blank.