

JAN 25 1940

Registration District No. 148

Primary Registration District No. 5212

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Beltan (Rural) No Pleasant  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

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

(d) Street No. 7 1/2 mi. N.W. Beltan Mo.  
(If rural, give location)

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

3. (a) PRINT FULL NAME George J. Ginder

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cora M. Maulder Ginder

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug 7 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 2  
year 1940 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 25, 1940, to Dec 2, 1940; that I last saw him alive on Dec 2, 1940 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death

Due to Coronary Thrombosis 1 week

Due to Arteriosclerosis unknown

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: g412

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

10. Usual occupation Retired Auditor

11. Industry or business \_\_\_\_\_

12. Name George Ginder

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

14. Maiden name unknown

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant's own signature Mrs. Geo. J. Ginder

(b) Address Beltan Mo.

17. (a) Burial (b) Date thereof Dec 5, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beltan, Mo.

18. (a) Signature of funeral director E. H. Geomly Soud

(b) Address Beltan, Mo.

19. (a) Dec 5-1940 (b) R. M. Miller  
(Date received local registrar) (Registrar's signature)

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? 141  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. M. Mastie (M. D. or other) 100

Address Beltan Mo. Date signed 12/5/40

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 *A. K. George*

Licensed Embalmer No. *3648*

P. O. Address *Gaithersburg*

**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.**