

Registration District No. **3034**

Primary Registration District No. **3034**

Registrar's No. **244**

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mc Cormick Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 1

3. (a) PRINT FULL NAME John A. Gingrich

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 Divorced

6. (b) Name of husband or wife Pearl Hamilton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 3rd 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 6 28 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired salesman

11. Industry or business

12. Name John H. Gingrich

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

14. Maiden name Bertha Suter

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

16. (a) Informant Goetze Peter

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Jan 2nd 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahon and son

(b) Address Moberly Mo

19. (a) Jan-2-41 (b) Pearl Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 120 So. Black St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31st  
year 1940 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec. 28-40  
\_\_\_\_\_ 19\_\_\_\_ to DEC. 31, 1940  
that I last saw him alive on Dec 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions General Emaciation  
(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?  
907 \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. McCormick (M. D. or other) \_\_\_\_\_  
Address Moberly Date signed 1-3-41

Duration \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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..... *Frank B. DeWitt* .....

Licensed Embalmer No. *3021* .....

P. O. Address..... *Moberly 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.**