

Registration District No. 369

Primary Registration District No. 5433

1. PLACE OF DEATH:

(a) County Hentry
(b) City or town Ravenwood (Rural) Miss.
(c) Name of hospital or institution: 7 mi. East of Ravenwood.
(d) Length of stay: 1 In hospital or institution. (Specify whether
In this community 4 1/2 yrs. years, months or days)

3. (a) PRINT FULL NAME MARY LOUISE GINGRICH.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Merrill Gingrich 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May 28 1858 (Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Sweeden 4 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

MOTHER FATHER { 12. Name Louis Swanson.
13. Birthplace Sweeden 4 (City, town, or county) (State or foreign country)
14. Maiden name Mary Nelson
15. Birthplace Sweeden 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Woods
(b) Address Ravenwood Mo.

17. (a) Burial. (b) Date thereof Mar. 31, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery.

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Mo.

19. (a) 3/29/42 (Date of local registrar) (b) Romer 26 26 State (Lic. emb. or reg. no.)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hentry 038
(c) City or town Ravenwood (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. 7 mi. East (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1942 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 15 to March 29, 1942
that I last saw h. Dr alive on March 29 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc. pneumonia Duration
Senile

Due to Senile
Due to

Other conditions (include pregnancy within 3 months of death) 108
Major findings: Of operations 108
Of autopsy 108
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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature P. P. Gaster (M. D. or other) DO
Address Shedden Date signed 3-29-42

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

38
0
0

1108

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..... *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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, fact should be so stated above.