

Registration District No. **3184**

Primary Registration District No. **5459**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Elwood**  
(c) Name of hospital or institution: **Elwood MO**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Several Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**  
(c) City or town **Elwood Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **L uoy Ann. Ginn**

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

4. Sex **fm** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Edward J. Ginn** 6. (c) Age of husband or wife if alive **73** years  
7. Birth date of deceased **9/30/1874** (Day) (Year)

8. AGE: Years **67** Months **10** Days **13** If less than one day hr. min.

9. Birthplace **Washington, Co Ind.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business \_\_\_\_\_  
12. Name **Peter. Klingensmith**  
13. Birthplace **Unknown Pa.** (City, town, or county) (State or foreign country)  
14. Maiden name **Sarah. Roderma**  
15. Birthplace **Unknown. Ind.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Edward J. Ginn**  
(b) Address **Elwood Mo P.D. 4**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug. 14/42** (Month) (Day) (Year)

(c) Place: burial or cremation **Clear Creek Cemetery**  
18. (a) Signature of funeral director **Dunn Funeral Home**  
(b) Address **Springfield Mo**

19. (a) **Aug 12, 1972** (Date received local registrar) (b) **Jewell Williams** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **13/2th** year **1942** hour **10:30** minute **8** A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide by Hanging**

Due to \_\_\_\_\_  
Due to **1640**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) **Suicide**  
(b) Date of occurrence **Aug. 12, 1942**

(c) Where did injury occur? **Greene Mo** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In barn at the home**  
While at work? **no** (Specify type of place) (e) Means of injury **Rope**

23. Signature **James C. Stone Cover** (M. D. or other) \_\_\_\_\_  
Address **Springfield, Mo** Date signed \_\_\_\_\_

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

1295

RECEIVED

Greene County Health Office

County File Number 42-9-74

Date Filed 9/4/92

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

*Lawrence J. Holl*

Licensed Embalmer No.

*2784*

P. O. Address

*Springfield, 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.