

ED MAY 1 1943

Registration District No. 217

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Callaway County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days (Specify whether)

In this community.....  
years, months or days

3. (a) PRINT FULL NAME Billy Lee Gingerich

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

4. Sex m 5. Color or Race Wh 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased April 3 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
17 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Tom H. Gingerich

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

14. Maiden name Marion Lee

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

16. (a) Informant Tom H. Gingerich

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof 4-21-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Central Cemetery

18. (a) Signature of funeral director Leo S. Wallace

(b) Address 7 N. 6th St. Fulton, Mo.

19. (a) 4-21-1943 (b) Josie Mouscutch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway  
(c) City or town Fulton Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20, year 1943 hour 6:45 minute..... P. M.

21. I hereby certify that I attended the deceased from April 3, 1943 to April 20, 1943 that I last saw him alive on April 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Intra-cranial hemorrhage due to cord tightly bound  
Due to around neck

Other conditions Familial hemorrhagic diathesis 1 day  
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

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) Means of injury.....

23. Signature Henry D. D. M.D. (M. D. or other) Address Fulton, Mo. Date signed 4/21/43

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

MOTHER FATHER

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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.....

*Leo G. Wallace*

Licensed Embalmer No.....

*3373*

P. O. Address.....

*Jupiter 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.**