

Registration District No. 128

Primary Registration District No. 5465

1. PLACE OF DEATH:

(a) County Shannon  
(b) City or town Rural, N. Campbell Twp. #4  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
County Farm, Route #4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether  
In this community 33 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon  
(c) City or town Rural, N. Campbell Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. County Farm, Route #4  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME ROY GINGER

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

4. Sex MALE 5. Color or race W  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased unable to obtain 1910  
(Month) (Day) (Year)

8. AGE: Years 33 Months Unk. Days Unk.  
If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business farm

MOTHER FATHER  
12. Name Tom Ginger  
13. Birthplace not able to obtain  
(City, town, or county) (State or foreign country)  
14. Maiden name Liza Faught  
15. Birthplace unable to obtain  
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Sutchter  
(b) Address County Farm File

17. (a) Burial (b) Date thereof Nov 23 '43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director Fred C. Thione  
(b) Address Springfield 210

19. (a) 11-22-43 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1943 hour 3 minute 00AM  
21. I hereby certify that I attended the deceased from November 9  
1943 to Nov. 20 1943  
that I last saw him alive on November 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma  
Diabetes Mellitus  
Due to Diabetes Mellitus unknown  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Reuben Nuttuck (M. D. or other) MD  
Address Springfield, Mo. Date signed 11/22/43

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 FRED C. THIEME

Licensed Embalmer No. 2899

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.