V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3895

Registration District No. 2 44 — Primary Registration District No. 5932 — Registrar's No. 16

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rual, La Monte Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Rural - La Monte (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 ..... D

3. (a) PRINT FULL NAME Charles P. Gingles,

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

4. Sex M — 5. Color or race W — 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased May (Month) 6 (Day) 1863 (Year)

8. AGE: Years 80 — Months 8 — Days — If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Thomas B. Gingles
13. Birthplace Ky. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Nancy Weaver
15. Birthplace Ky (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs Ethet Blaul

(b) Address La Monte Mo. Rout # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B.F.Parker

(b) Address La Monte Mo.

19. (a) 1-7-44 (Date received local registrar) (b) Mrs Anna Beyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day 6 year 44 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Jan 2, 1944 to Jan 6, 1944 that I last saw him alive on Jan 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W.E. Walker (M. D. ~~or other~~)

Address La Monte Mo. Date signed 1-6-43

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-27-44

APR 3 1944

JAN 3 1944

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 B. J. Garcia

Licensed Embalmer No. 1592

P. O. Address ~~B. J. V~~

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.

La Monte