

**FILED JUN 20 1944**  
District No. **42**

Primary Registration District No. **1000**

Registrar's No. **595**

**1. PLACE OF DEATH:**  
(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Mo. Methodist 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 **63 years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Buchanan** //  
(c) City or town **St. Joseph** /  
(If outside city or town limits, write "RURAL") **7**  
(d) Street No. **3115 Edmond**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

**3. (a) PRINT FULL NAME** **MINNIE A. PINGER**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **William R. Pinger** 6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **June 22 1871**  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<b>72</b>	<b>11</b>	<b>12</b>	hr. min.

9. Birthplace **St. Joseph Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **John Matsiger** **5**

13. Birthplace **unknown Switzerland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Koch**

15. Birthplace **unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. William R. Pinger**

(b) Address **3115 Edmond**

17. (a) **burial** (b) Date thereof **6/ 6/ 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Walter Bette & Bowman**

(b) Address **319 South 10th**

19. (a) **6/6/44** (b) **Walter Bette**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **4**  
year **1944** hour **9** minute **50** A. M.

21. I hereby certify that I attended the deceased from **Apr. 13, 1944** to **June 4, 1944**  
that I last saw her alive on **June 4, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of gall bladder** ?  
Duration

Due to **Hof**  
Due to

Other conditions (Include pregnancy within 3 months of death)  
**Ca of liver and pancreas**

Major findings:  
Of operations  
Of autopsy **Same as above**  
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 **Walter Bette** (M. D. or D. O.)  
Address **St. Joseph, Mo.** Date signed **6/5**

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

MOTHER FATHER

1377

Dr. J. W. Carle  
Phy & Surg. Bldg.

JUN 22 1944

JUL 18 1944

JUN 22 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 Frank A. Brown  
Licensed Embalmer No. 1710  
P. O. Address St. Joseph 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.