

FILED NOV 13 1944

Registration District No. 253

Primary Registration District No. 4383 4384

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Skidmore
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) All of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Skidmore
(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 _____

3. (a) PRINT FULL NAME Birdie M. Ginness
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 25
year 1944 hour 3 minute 30 P.M.

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Walter Edward M. Ginness 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased: March 1 (Month) 1899 (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 15, 1944, to Oct. 25, 1944, that I last saw her alive on Oct. 24, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 7 Days 24 If less than one day _____ hr. _____ min.

Immediate cause of death Pneumonia
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Near Montford Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper

11. Industry or business _____
12. Name William Nowland
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Etta Gaddy
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lora Logan
(b) Address Skidmore, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Yours Cemetery

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? _____

18. (a) Signature of funeral director Samuel J. Ginness
(b) Address 957 South Main Street
19. (a) 10-27-44 (Date received local registrar) (b) Mrs. John Hochmuth (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury 2
Signature J. L. Buxton (M. D. or other)
Address Skidmore, Mo. Date signed 10-27-44

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

400

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.....

William Campbell

Licensed Embalmer No..... *2620*

P. O. Address..... *Maryville 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.