No. 2
8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9413

Registration District No. 1859 Primary Registration District No. 5271 Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: R-1 Logan 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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Christian
(c) City or town: rural 22
(If outside city or town limits, write "RURAL")
(d) Street No.: Nixa - Route 1 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Tom Ginger
3. (b) If veteran, name war: none
3. (c) Social Security No. 493-16-093
4. Sex: m 0
5. Color or race: w
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Chloe Ginger
6. (c) Age of husband or wife if alive: 31 years
7. Birth date of deceased: June (Month) 14 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	7	20	hr. ..... min.

9. Birthplace: (City, town, or county) ..... Mo. 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....
FATHER
12. Name: Rome Ginger
13. Birthplace: (City, town, or county) ..... Mo. 0 (State or foreign country)
MOTHER
14. Maiden name: Alice Gibson
15. Birthplace: (City, town, or county) ..... Mo. 0 (State or foreign country)
16. (a) Informant: Mrs. Chloe Ginger
(b) Address: Nixa - R-1 Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 6. 45 (Month) (Day) (Year)
(c) Place: burial or cremation: McConnell cem.
18. (a) Signature of funeral director: J. W. Maples
(b) Address: Clever. Mo.
19. (a) Feb. 15-45 (Date received local registrar) (b) Mary F. Spears (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th year 1945 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 23, 1945, to Feb 4, 1945, that I last saw him alive on Feb 3rd, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia — Duration
Due to .....
Due to .....
Other conditions: Bronchial Asthma, Cardio-vascular Renal Disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy: 1 3 A

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? ..... Means of injury .....

23. Signature: Richard L. Mitchell L.D. (M.D. or other)
Address: Ozark, Missouri Date signed 3/2/45

1244

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 345-317
Date Filed MAR 19 1945

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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.