

FILED FEB 15 1946

Registration District No. 98 Primary Registration District No. 5369 Registrar's No. 174

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town "Rural" Sheridan Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 Miles North East Kidder, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31
(c) City or town "Rural" Sheridan Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles N. E. Kidder, MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Howard Emmett Ginter

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nevada Ginter 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased November 19 1873
(Month) (Day) (Year)

8. AGE: Years: 72 Months: 2 Days: 6 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business 22

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nevada Ginter

(b) Address Kidder, Missouri

17. (a) Burial (b) Date thereof 1-27-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Ayr Cemetery

18. (a), Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Mo.

19. (a) Feb 5-1946 (Date received local registrar) Virginia M Engelken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 10th
1946 to _____, 19____.

that I last saw him alive on Jan 10th 1946, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 408

Duration
From
history
2 years

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 Fred W Wilson (M. D. or other) M.D.

Address Winston, Mo Date signed 1/23/46

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

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**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

A. P. Richardson

Licensed Embalmer No. *3307*

P. O. Address *Fall River, 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.