S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16714

State File No.

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 164

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
212 E. 6TH St. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 1

(c) City or town FULTON 1
(If outside city or town limits, write "RURAL")

(d) Street No. 212 E. 6TH 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARTHA ELLEN GINGRICH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 19 (Day) 1853 (Year)

8. AGE: Years 93 Months 6 Days 13 If less than one day hr. min.

9. Birthplace PERRY Co. (City, town, or county) PENN (State or foreign country) 1

10. Usual occupation HOUSEKEEPER

11. Industry or business

FATHER
12. Name JOHN ROSENSELL
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name CATHRINE MAHAFFEY
15. Birthplace (City, town, or county) PENN, 1 (State or foreign country)

16. (a) Informant J. ELWOOD GINGRICH

(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 4, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation U. B. CHURCH

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 COURT Fulton, Mo

19. (a) May 4-1947 (Date received local registrar) (b) Josie Morsenkhoff (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 1
year 1947 hour 6 minute 30a M.

21. I hereby certify that I attended the deceased from June 1, 1946 to May 1, 1947
that I last saw her alive on May 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno Carcinoma

Due to Metastasis from Skin Cancer on Nose

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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. O. Payne (M. D. or other)

Address R #6 Fulton Date signed May 24

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-12-47

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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.