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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 230533
Registrar's No. 53

Registration District No. 120 Primary Registration District No. 4198

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town King City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 All Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Gentry 38
(c) City or town King City 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosa Eva Ginter
3. (b) If veteran, No. _____ 3. (c) Social Security No. 486-32-3843
name war. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1947 hour 3 minute A. M.

4. Sex Female 5. Color or race Caucasian
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George F. Ginter 6. (c) Age of husband or wife if
66 alive 66 years
7. Birth date of deceased July 6 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Fel 16
1947 to MAY 28, 1947
that I last saw her alive on MAY 27, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis

8. AGE: Years Months Days If less than one day
63 10 22 _____ hr. _____ min.

Duration 1948
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace DeKalb Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Same

MOTHER FATHER { 12. Name Moses E. Pickard
13. Birthplace N.C.
(City, town, or county) (State or foreign country)
14. Maiden name Phoebie J. McPherson
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant George F. Ginter

(b) Address King City Mo.

17. (c) Burial (b) Date thereof May 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (e) Signature of funeral director R.S. Daggert

(b) Address King City Mo.

19. June 12 1947 (b) Harriet A. Absher
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 2

(Specify type of place) _____

While at work? _____ Means of injury _____

23. Signature Becky Baralo (M. D. or other) _____

Address King City, MO Date signed June 30 1947

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

18
22
0

**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.....

R. J. Taggart

Licensed Embalmer No. 2563.....

P. O. Address King City 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.