

FILED JAN 12 1948

Registration District No. _____

Primary Registration District No. **3046**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Moniteau Co**
(b) City or town **California, Mo.** **Walker**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community. **14 months**
years, months or days)

3. (a) PRINT **Rhoda Anne Gintz**
FULL NAME

3. (b) If veteran, **No** name war. 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widowed**
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if
alive. _____ years
7. Birth date of deceased. **Nov 4 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 0 hr. _____ min.

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

10. Usual occupation. **House Wife**

11. Industry or business.

12. Name **Alfred Boston**

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

14. Maiden name **Margret Cothron**

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

16. (a) Informant **O. Philipina Schull**

(b) Address **Burlington, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 6, 1945**
(Month) (Day) (Year)

(c) Place: burial or cremation. **Masonic Cemt. Califor**

18. (a) Signature of funeral director. **Bowlin Funeral Home**
(b) Address **California, Mo.**

(c) **12-7-45** (Date received local registrar) (d) **H.R. Poppey** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau Co**
(c) City or town **Jamestown, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rt. #2** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **4**
year **1945** hour **1/55** minute **P. M.**

21. I hereby certify that I attended the deceased from
Oct 13, 19**45**, to **Dec 4**, 19**45**
that I last saw her alive on **Dec 4**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Chronic myocarditis** **5310**

Due to _____

Due to _____

Other conditions. **Diabetes** **15714**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **61**

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?
no

While at work? _____ (Specify type of place) (e) Means of injury. **0**

23. Signature **Egan A. Kibbe** (M. D. or other) **0**
Address **California Mo** Date signed **12/6/45**

1529 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-11-46

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 Mrs

....., Registered Apprentice No.
working under my personal supervision.

Signed Earl R. Paulin

Licensed Embalmer No. 2126

P. O. Address California, M.

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.