

RECD MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5300
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 499
 (c) City Kansas City, Mo. (d) Street No. 4944 Agnes Avenue, K.C. Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Ring,
 (a) Residence, No. 4944 Agnes Avenue, K.C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christine Ring,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 25th, 1877
 7. AGE YEARS 61 MONTHS 10 DAYS 10 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Secretary, Team
 9. Industry or business in which work was done, as saw mill, bank, etc. Labor Temple
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5th, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Only on 2-5, 1939, to 2-5, 1939
 I last saw him alive on 5: A.M. 19 19 Death is said to have occurred on the date stated above, at 5: A.M.
 The principal cause of death and related causes of importance were as follows:
From description given, coronary occlusion.
 Other contributory causes of importance:
High blood hypertension, myocardiasis.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden
 FATHER 13. NAME No Record
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 MOTHER 15. MAIDEN NAME No Record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 17. INFORMANT Christine Ring,
 (ADDRESS) 4944 Agnes Avenue, K.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Abbey DATE Feb. 7th, 1939
 19. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster
 (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.
 20. FILED 276, 1939 M. M. Browne
 Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in Industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Robert M. Myers, M. D.
 (Address) 1025 Rialto Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Phone 214-4751

1823 3-5-Prm

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.....
..... Licensed Embalmer No.....
..... P. O. Address.....

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, above space should be left blank.