DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40622

DEC 18 1939

Registration District No. 739 Primary Registration District No. 5974 Registrar's No.

1. PLACE OF DEATH:

(a) County: Ray

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

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 51 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ray

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No. Camden Township (If rural, give location)

(e) If foreign born, how long in U. S. A.? 51 years.

3. (a) PRINT FULL NAME: David Wallace Cringan 652

3. (b) If veteran, name war: X

3. (c) Social Security No. 490-16-3034

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Charlott Anna Izett Cringan

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: Oct. (Month) 6, (Day) 1870 (Year)

8. AGE: Years 69 Months 0 Days 9 If less than one day hr. min.

9. Birthplace: Aryshire (City, town, or county) Scotland (State or foreign country)

10. Usual occupation: Miner

11. Industry or business: Coal Mine

FATHER 12. Name: John Cringan

FATHER 13. Birthplace: Aryshire (City, town, or county) Scotland (State or foreign country)

MOTHER 14. Maiden name: Jane Wallace

MOTHER 15. Birthplace: Unknown (City, town, or country) Scotland (State or foreign country)

16. (a) Informant's own signature: Anna Wallace

(b) Address: Camden R. F. D. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 17, '39 (Month) (Day) (Year)

(c) Place: burial or cremation: South Point

18. (a) Signature of funeral director: Gibson Sons

(b) Address: Orrick, Missouri

19. (a) 10-16-1939 (Date received local registrar) (b) Dec 7 1939 (Registrar's signature) M. Wm. Sheldon

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1939 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept. 16, 1939 to Oct. 15, 1939; that I last saw him alive on Oct. 10, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Organic Heart-Causing Coronary thrombosis	
Due to: Cardio-Renal vascular arterial sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 121	
Major findings: Of operations: No operation	
Of autopsy: none	

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: Robt Sheets (M. D. or other)

Address: Orrick, Missouri Date signed 10/16/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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

Edward C. Gibson, Registered Apprentice No. 151

working under my personal supervision.

Signed C. V. Gibson

Licensed Embalmer No. 2299

P. O. Address Orrick, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.