S. No. 2
I—1-4-41
. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30545
Registrar's No. 3302

1. PLACE OF DEATH:
(a) County: Jackson,
(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7011 Brookside,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: x (Specify whether
In this community: 15 years, / years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri, (b) County: Jackson, 042
(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No.: 7011 Brookside,
(If rural, give location)
(e) Citizen of foreign country? x (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: Ernest E. Pringle,
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married,
6. (b) Name of husband or wife: Besse May Pringle
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: November (Month) 29 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
52	9	3	hr. min.

9. Birthplace: Wisconsin, (City, town, or county) / (State or foreign country)
10. Usual occupation: Teacher,
11. Industry or business: x
MOTHER FATHER
12. Name: Thomas Pringle,
13. Birthplace: Unknown, (City, town, or county) / Unknown (State or foreign country)
MOTHER
14. Maiden name: Unknown,
15. Birthplace: Unknown, (City, town, or county) / Unknown (State or foreign country)
16. (a) Informant: Mrs. Besse May Pringle,
(b) Address: 7011 Brookside, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: Stine & McClure Und. Co.
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 9/3/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2nd year 1941 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from July 9, 1941, to Sept 2, 1941 that I last saw him alive on Sept 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach metastases to liver	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Exploratory July 28 Ca of stomach
Of autopsy:

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: L. L. Selzer (M. D. or other) D
Address: 1405 Brush Bldg Date signed: 9/3/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Scharles, Vi 1311
Bryant Bldg.

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 E. M. Plaisk

Licensed Embalmer No. 1848

P. O. Address K. C. 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.