

FILED OCT 1 1941

Registration District No. 85

Primary Registration District No. 100

Registrar's No. 935

1. PLACE OF DEATH:

(a) County BUCHANAN
 (b) City or town ST. JOSEPH Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: STATE HOSPITAL No. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 31 days
 (Specify whether
 In this community 31 days
 years, months or days)

3. (a) PRINT FULL NAME Robert Bell Pringle3. (b) If veteran, name war - 3. (c) Social Security No. NONE4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mrs. Annie Irene Pringle 6. (c) Age of husband or wife if alive UNK. years7. Birth date of deceased August 28 1868
(Month) (Day) (Year)8. AGE: Years 73 Months X1 Days 5 If less than one day hr. min.9. Birthplace ? Canada
(City, town, or county) (State or foreign country)10. Usual occupation County Collector

11. Industry or business

12. Name Robert Pringle13. Birthplace ? Scotland
(City, town, or county) (State or foreign country)14. Maiden name Anna Hangan15. Birthplace ? Scotland
(City, town, or county) (State or foreign country)16. (a) Informant Records State Hosp # 2(b) Address St. Joseph, Mo.17. (a) REMOVED (b) Date thereof 9-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation WORTH Mo.18. (a) Signature of funeral director W. J. Andrews(b) Address Worth Mo.19. (a) 9/27/41 (b) W. J. Andrews
(Date received local registrar) (Registrar's signature)20. (a) Signature W. J. Andrews (M. D. or other) M.D.Address State Hosp # 2 Date signed 9-27-4121. (a) Signature W. J. Andrews (M. D. or other) M.D.Address St. Joseph, Mo. Date signed 9-27-41

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 11
 (c) City or town Worth 1
 (If outside city or town limits, write "RURAL") 7
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 70 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1941 hour 3 minute 10 P.M.21. I hereby certify that I attended the deceased from August
27, 1941, to September 27, 1941;
that I last saw him alive on Sept. 27, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Hypostatic Pneumonia Duration 3 daysDue to arteriosclerotic Heart Disease

Due to

Other conditions Intertrochanteric Fracture 9-6-41
(Include pregnancy within 3 months of death)Major findings: Right Femur, Senile Psychosis PHYSICIAN
Of operations Reduced Fracture
9-8-41Of autopsy not done 186 38
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) accidental fall(b) Date of occurrence Sept. 6, 1941 131(c) Where did injury occur? St. Joseph, Buchanan, Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State HospitalWhile at work? no (Specify type of place) (e) Means of injury Fall23. Signature W. J. Andrews (M. D. or other) M.D.Address State Hosp # 2 Date signed 9-27-4124. Signature W. J. Andrews (M. D. or other) M.D.Address St. Joseph, Mo. Date signed 9-27-41

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.