

FILED OCT 7 1942

Registration District No. **276**

Primary Registration District No. **5947**

Registrar's No.

1. PLACE OF DEATH

(a) County **Phelps**
(b) City or town **St James mo**
(c) Name of hospital or institution: **St James Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Ringerson**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary J Ringerson**
6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **5 21 1898**
(Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **5**
If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Andrew Ringerson**
13. Birthplace **Germany**
14. Maiden name **Burt**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **James R. Ringerson**
(b) Address **Elgin Jll**
17. (a) **Burial** (b) Date thereof **8-28-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Liechler Cem**

18. (a) Signature of funeral director **JR Liechler**
(b) Address **St James 740**
19. (a) **10-2-42** (b) **Francis Dickson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Phelps**
(c) City or town **Rural**
(If outside city or town limit, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **26**
year **1942** hour **8-40** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 1**
1942 to **8-26-1942**
that I last saw him alive on **8-26-1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Paranomy of Lungs**
Paranomy of Trachea
Due to **Hof**
Due to **Cardiac?**
Other conditions (Include pregnancy within 3 months of death)

Major findings: **Of operational**
Of autopsy **✓**

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **E. A. [Signature]** (M. D. or other) _____
Address **St James 740** Date signed _____

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

8130

8100

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.....

me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Orville E. Schreiber

Licensed Embalmer No. *3544*

P. O. Address *St. James*

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.