

FILED DEC 28 1944

Registration District No. **42**

Primary Registration District No. **1300**

Registrar's No. **1290**

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1716 Sylvania Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)
 In this community 77 years 10 months 28 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1716 Sylvania Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country U

3. (a) PRINT FULL NAME Enzie Othelle Ringo
 3. (b) If veteran, name war No 3. (c) Social Security No. 488-14-9350

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 18th.
 year 1944 hour 7 minute 15 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from July 15 1939 to Dec 18 1944
 that I last saw h. or alive on June 17 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death
Arteriosclerosis general
hypertension
Due to arterio-sclerotic heart and kidney disease

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Circulation Department
 11. Industry or business The News Corporation

Due to _____
 Other conditions Coronary occlusion 12-18-44
(Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name James H. Ringo
 13. Birthplace Ringo Mills Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Spencer
 15. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations 1312
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant E. S. Ringo
 (b) Address 1716 Sylvania St., St. Joseph, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 12/20/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Mora Cemetery

(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 _____

18. (a) Signature of funeral director Walter Meierhoffer
 (b) Address 1302 Farm on St., St. Joseph, Missouri
 19. (a) 12-20-44 (b) Walter Meierhoffer
(Date received local registrar) (Registrar's signature)

23. Signature L. B. Lerner, M.D. (M. D. or other)
 Address St. Joseph, Mo. Date signed 12-19-44

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

1377

MAR 2 1945

MAR 8 1945

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 *Albert R. Harrington*
Licensed Embalmer No. 3258 Missouri
P. O. Address St. Joseph, Missouri.

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.