

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Sweet Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 300 Highland ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Sweet Springs 3
(If outside city or town limits, write "RURAL")
(d) Street No. 300 Highland ave 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUST HERMAN RINGEN-NO

3. (b) If veteran, name war World War I 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 Augusta Ringen 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 23 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 1 If less than one day
hr. ✓ min. ✓

9. Birthplace Smithton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Physician
Industry or business General Practice

11. Name Cord Ringen

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margrete Hoehn

15. Birthplace Germany
(City, town, or county) (State or foreign country)

Informant Mabel Ringen

(b) Address Sweet Springs mo

17. (a) Burial (b) Date thereof 1-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Jesse Starrow

(b) Address Sweet Springs mo

19. (a) 1/25/47 (b) Dale Andrew
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

22. DATE OF DEATH: Month Jan day 24 - 47
year 47 hour 4:45 P. minute _____ M. _____

21. I hereby certify that I attended the deceased from 1/24/47
_____ 19____ to 1/24 1947
that I last saw him alive on 1/24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
occlusion

Due to arterial sclerosis

Due to senility

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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? 0

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Clay R Parsons (M. D. or other) MD

Address Sweet Springs mo Date signed 1/25/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-23-47

MAR 18 1947

JUL 2 1957

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 Jerre Harvey

Licensed Embalmer No. 2914

P. O. Address Sweet Springs 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Saline } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 27th day of March, 1947, before me appears.....

Louisa Matilda Ringen, who, upon her oath, states that the original record of ^{birth}~~birth~~ death for August Herman Ringen ^{died,} January 24th, 1947, in the State of Missouri, and which was filed at Jefferson City Mo on March 18th 47 should be corrected as follows:

Item No. 6 should read Louisa Matilda Ringen

Instead of Matilda Louisa Ringen

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant. Louisa Matilda Ringen

Relationship.
Wife

Sweet Springs Mo

Present Address.

Subscribed and sworn to before me this 27th day of March, 1947.

My Commission expires Jan 25th 1949

Herbert J Lotz Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-3643