

7. S. No. 2  
DOM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8110

Registration District No. 53 Primary Registration District No. 5200 Registrar's No. 21

1. PLACE OF DEATH:  
(a) County Carroll  
(b) City or town Rural Wakena Twp.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 45 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN EDWARD RINGER  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Laura Glick 6. (c) Age of husband or wife if alive, 4 years  
7. Birth date of deceased Jan 2 1879  
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Hagerstown Maryland  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name John Ringer

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

14. Maiden name Mollie Baer

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

16. (a) Informant Mrs Harven Trotter

(b) Address Carrollton Mo R.F.D. #5

17. (a) Burial (b) Date thereof 3-6-48  
(Burial, cremation, or reno.) (Month) (Day) (Year)

(c) Place: burial or cremation Willis Chapel

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo

19. (a) 3/5/48 (b) Tom Herbert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Carroll  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Carrollton Mo R.F.D. #5  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 4  
year 1948 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Mar. 3 1948 to Mar. 4 1948  
that I last saw him alive on Mar. 4 1948  
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral hemorrhage  
Due to hypertension  
Due to.....  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: 83A  
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?  
While at work? (Specify type of place) (City or town) (County) (State)  
Means of injury.....

23. Signature W. Hamilton (M. D. or other) WHL  
Address Carrollton, Mo Date signed 3/5/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 3-18-48

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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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.**