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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1948

Registration District No. 137

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 13023

State File No. 8489

Registrar's No. 82

42
1
2

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Deepwater 4
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert Lee Ring

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Ring

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March (Month) 9 (Day) 1866 (Year)

8. AGE: Years 82 Months 0 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Stephen Ring
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Melissa Hooper
15. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant Jennie Ring
(b) Address Deepwater Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Deepwater Cemetery

18. (a) Signature of funeral director Tom Hurd
(b) Address Deepwater Mo

19. (a) 4-6-48 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1948 hour 9-30 minute A M.

21. I hereby certify that I attended the deceased from March 30, 1948 to March 31, 1948 that I last saw him alive on March 31, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	2 da.
Due to	
Due to	
Other conditions Hypertension & Chr. Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93

PHYSICIAN
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. R. S. Hallinger (M. D. or other)

Address Clinton Mo. Date signed 4/2/48.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-48-378
Date Filed 4-12-48

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 Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.