

No. 2
-13-40
17-39
X25159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41737

State File No. _____

Registration District No. 29 Primary Registration District No. 57138 Registrar's No. 54

1. PLACE OF DEATH:
(a) County Barry Hot Creek Twp.
(b) City or town Cassville, (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community About 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Cassville, (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. North of Cassville, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME George Washington Kring

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mollie Kring 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Oct. 4th 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Kring

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

14. Maiden name Elizabeth Hall

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

16. (a) Informant Raymond Kring

(b) Address Cassville, Missouri Route

17. (a) Burial (b) Date thereof Nov 24th 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Horine & Culver

(b) Address Cassville Missouri

19. (a) _____ (b) depo Newm...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1940 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from Aug. 24 1935 to Nov. 22 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 5 Years

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

30 While at work? _____ (Specify type of place) Means of injury _____

23. Signature Ed McDaniel Address Cassville, Mo. Date signed 11/24/40

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

MOTHER FATHER

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

B. Gordon Bennett

Registered Apprentice No. *250*

working under my personal supervision.

Signed *P. Horner*

Licensed Embalmer No. *1414*

P. O. Address *Business N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.