

REC'D MAY 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14965
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
(b) Township _____ Primary Registration District No. 3021 Registered No. 30
(c) City Webb City (d) Street No. JANE CHILD HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Otis Edward Ringer 516
(a) Residence, No. 28 S. Ball St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE American 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 0 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. asket maker
9. Industry or business in which work was done, as saw mill, bank, etc. WREX CASKET FACTORY
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Richey 0
(STATE OR COUNTRY) Missouri

13. NAME William E Ringer 6

14. BIRTHPLACE (CITY OR TOWN) Missouri 0
(STATE OR COUNTRY)

15. MAIDEN NAME Pearl Smoots

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Oss Ringer brother
(ADDRESS) Webb City Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Racine Mo DATE 4/10/38 19

19. FUNERAL DIRECTOR Hedge-Mohr Funeral Home
(ADDRESS) Webb City Mo.

20. FILED AP# 9-38 19 T. P. Ketchum
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 193822. I HEREBY CERTIFY, That I attended deceased from 3-30 1938 to 4-7 1938

I last saw him alive on 4-7 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Septic Peritonitis Date of onset 12/1

Other contributory causes of importance: 12/1Name of operation Appendectomy Date of operation 3-20-38What test confirmed diagnosis? OPERATION Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NOIf so, specify B.A. I. Marshall

(Signed) _____

377 (Address) Webb City Mo.

STATEMENT BY LICENSED EMBALMER

I, Claude W. Hedge, Licensed Embalmer No. 2859
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Claude W. Hedge
L. E. _____
No. 2859 or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed: Claude W. Hedge
Licensed Embalmer No. 2859

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.)