

REC'D MAY 11 1938

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

15345
Do not use this space.

1. PLACE OF DEATH

(a) County MONTGOMERY Registration District No. 589
 (b) Township BRAR-CREEK Primary Registration District No. 5787a Registered No. _____
 (c) City JONESBURG, MISSOURI (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. // ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LENA M. RINGEL 524

(a) Residence, No. MONTGOMERY CITY, MISSOURI 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 24, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE-KEEPER
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) MARCH 1938 11. Total time (years) spent in this occupation 38 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CASE MISSOURI
 FATHER 13. NAME JOHN C. RINGEL
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY
 MOTHER 15. MAIDEN NAME CAROLINE (Unknown)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) A. F. RINGEL, JONESBURG, MISSOURI
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant High Hill, Missouri DATE April 11 1938
 19. FUNERAL DIRECTOR (ADDRESS) Ray Means, Jonesburg, Missouri
 20. FILED April 11 1938 E. E. Noel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1938
 I, HEREBY CERTIFY, That I attended deceased from Feb 16 1938 to April 10 1938
 I last saw her alive on April 6 1938 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:

1. Uremia
 2. Nephritis, chronic parenchymatous
 Date of onset 4-5-38
 Other contributory causes of importance: old fracture, untreated, of right ankle
 12/10/37

Name of operation _____ Date of _____
 What test confirmed diagnosis? Job 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? No
 If so, specify _____
 (Signed) B. E. Winters, M. D.
 (Address) 519 Montgomery St. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Exact reproduction

STATEMENT BY LICENSED EMBALMER

I, Ray Means, Licensed Embalmer No. 3743

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself (Ray Means)

L. E.

No. 3743 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Ray Means

Licensed Embalmer No. 3743

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

(a) County Montgomery Registration District No. 389
 (b) Township Beard Creek Primary Registration District No. 5787a Registered No. _____
 (c) City _____ (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lena M. Engel

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 1 16

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____, 19 _____

I last saw h. _____ alive on _____, 19 _____. Death is said to have occurred on the date stated above, at _____ m.

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

uremia, Nephritis (Chronic)
parenchymatous 1860
 Date of onset _____

Other contributory causes of importance:
Old fracture, untreated
to right ankle

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Mar 6, 1937

Where did injury occur? Montgomery, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In home

Manner of injury Slipped on the floor

Nature of injury Fracture of right ankle

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Buel Menefer, M. D.

(Address) Montgomery City Mo

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

