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.

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

REC'D AUG 7 1939

25690
Do not use this space.

1. PLACE OF DEATH
(a) County Harrison — Registration District No. 334
(b) Township or — Primary Registration District No. 4197 — Registered No. 42
(c) City Bethany — (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 652 Ruby Ilene Bringer
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: David Bringer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 23 1917
7. AGE: YEARS 22 — MONTHS 4 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Coffey Missouri

FATHER
13. NAME: Virgil Stitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Coffey Missouri

MOTHER
15. MAIDEN NAME: Ada Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Daviess County Missouri

17. INFORMANT (ADDRESS): David Bringer Bethany Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Coffey Cemetery DATE July 24, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Joe E. Wheeler Bethany Mo
20. FILED 7-24-, 1939. [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1939, to 7-23, 1939
I last saw her alive on 7-23, 1939. Death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis —	
(Infected Teeth)	
Acute Myocarditis	

Other contributory causes of importance: 91

Name of operation ..... Date of .....
What test confirmed diagnosis? None 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) [signature], M. D.
(Address) Bethany Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office: No. 11
District File Number 839-973
Date Filed AUG 5 1939

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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany Mo

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

If this body is not embalmed, above space should be left blank.