

REC'D SEP 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH28925
Do not use this space.

1. PLACE OF DEATH

(a) County Cole / Registration District No. 213
 (b) Township / Primary Registration District No. 3054 Registered No. 180
 (c) City Jefferson / (d) Street No. St. Mary Hosp 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

5207 Mrs Frieda RING (Ring)
 (a) Residence, No. Swiss, Mo RFD St. 9
 (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 (writes the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev. Harry Ring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 6 18

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) 8-6-39 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Holland / Indiana /

13. NAME Frank Caldemeyer /

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Holland / Indiana /

15. MAIDEN NAME Mary Reibold

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Holland / Indiana /

17. INFORMANT Rev. Harry Ring
(ADDRESS) Swiss, Mo RFD

18. BURIAL, CREMATION OR REMOVAL PLACE Hermann, Mo DATE 8-4-39 19

19. FUNERAL DIRECTOR (NAME) Herman Blumer
(ADDRESS) Hermann, Mo

20. FILED 8/10/1939 D. W. Beasford M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1939, to Aug 9, 1939

I last saw h. alive on Aug 8, 1939. Death is said to have occurred on the date stated above, at 5 P. m.

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

Date of onset

Heart attack - shock

1346

Other contributory causes of importance:

Pylo-nephrosis with stones

Name of operation nephrectomy Date of 8/9/39
 What test confirmed diagnosis? Operation Was there an autopsy? Yes

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) D. W. Beasford, M. D.

(Address) Jeff City Mo

STATEMENT BY LICENSED EMBALMER

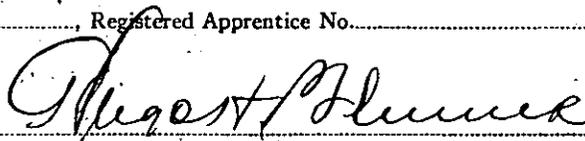
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

HUGO H. BLUMER

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



..... Licensed Embalmer No **3160**.....

..... P. O. Address **Hermann, 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, above space should be left blank.