

FILLED OCT 21, 1941

Registration District No. **107**

Primary Registration District No. **3008**

Registrar's No. **243**

1. PLACE OF DEATH

(a) County **CALLAWAY**
(b) City or town **FULTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **CALLAWAY HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 HRS.**
(Specify whether years, months or days)
In this community **14 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CALLAWAY**
(c) City or town **FULTON**
(If outside city or town limits, write "RURAL")
(d) Street No. **PALACE HOTEL**
(If rural, give location)
(e) Citizen of foreign country? **No**
If yes, name country

3. (a) PRINT FULL NAME **JAMES L. RINGO**

3. (b) If veteran, name war **No** 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 **?** 6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **JUNE 9 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	2	29	hr. min.

9. Birthplace **RICHMOND MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business

12. Name **WILLIAM E. RINGO**

13. Birthplace **TENN.**
(City, town, or county) (State or foreign country)

14. Maiden name **EMMA T. PRICE**

15. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. CLARENCE CHILDS**

(b) Address **JEFFERSON CITY, MO.**

17. (a) **BURIAL** (b) Date thereof **JUN 9 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **RICHMOND, MO.**

18. (a) Signature of funeral director **Ellen Y. Manspin**
(b) Address **700 Cent St. Fulton, Mo.**

19. (a) **Sept 9, 1941** (b) **R. N. Crews**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **8**
year **1941** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Mar 6** to **9/8**
that I last saw him alive on **9/8** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Congestive Heart Failure**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) **No.**

(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?

While at work (Specify type of place) (e) Means of injury

23. Signature **George F. Wood** (M. D. or other)

Address **245th St. Fulton Mo.** Date signed **9/9/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Glen Y. Mangin

Licensed Embalmer No.....

2925

P. O. Address.....

Fulton, Mo

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

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

1941

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