

Registration District No. 314

Primary Registration District No. 4190

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Stambers
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years. (Specify whether years, months or days)

In this community 15 years.

2. USUAL RESIDENCE OF DECEASED:

(a) County Henry

(b) City or town Stambers
(If outside city or town limits, write "RURAL")

(c) Street No. 34th St
(If rural, give location)

(d) Citizen of foreign country? No
(Yes or No)

If yes, name country: ✓

3. (a) PRINT FULL NAME Prof. Bret H. Ringler

3. (b) If veteran. name war ✓

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 18, 1941 to Sept 16, 1941 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maryquett Ringle

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: Dec 20 1873
(Month) (Day) (Year)

Immediate cause of death: Acute Tachycardia

Due to Cardio-renal vascular disease

Due to _____

Other conditions 131a
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>8</u>	<u>27</u>	<u>✓</u> hr. <u>✓</u> min.

Major findings: 131a

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Edina MO
(City, town, or county) (State or foreign country)

10. Usual occupation Musical Instructor

11. Industry or business Music

12. Name Melvin F. Ringler

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

14. Maiden name Constance Schmidt

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(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? _____

(e) While at work? _____ (Specify type of place)

(f) Means of injury ○

16. (a) Informant Mrs. Maryquett Ringle

(b) Address Stambers MO

17. (a) burial (Burial, cremation or removal)

(b) Date thereof 12/19/41
(Month) (Day) (Year)

(c) Place: burial or cremation Stambers, Henry MO

18. (a) Signature of funeral director W. E. Hubler

(b) Address Stambers MO

23. Signature W. E. Hubler (M. D. or other) _____

Date signed 9-18-41

19. (a) 9/18/41 (Date received local registrar)

(b) W. E. Hubler (Registrar's signature)

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

dev: S-E. Simpson

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.....

Lator H. Phillip

Licensed Embalmer No.

1898

P. O. Address.....

Staten Island, N.Y.

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, fact should be so stated above.