

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27940**

FILED SEP 9 1942

Registration District No. **280**

Primary Registration District No. **5961**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Platte**
(b) City or town **Rural Lee Brown**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Near 1 Farley**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60 years** (Specify whether years, months or days)

8. (a) PRINT FULL NAME

Carl Frederick Aring

8. (b) If veteran, name war **None**

8. (c) Social Security No. **None**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **2 divorced**

6. (b) Name of husband or wife **Mary Aring** 6. (c) Age of husband or wife if alive **1859** years

7. Birth date of deceased **Feb 1 1859** (Month) (Day) (Year)

8. AGE: Years **83** Months **0** Days **22** If less than one day hr. min.

9. Birthplace **Cumbruck Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business **" "**

12. Name **Frederick Aring**

13. Birthplace **Not known Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Not known**

15. Birthplace **Not known Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Carl Aring** (b) Address **Parkville Mo**

17. (a) **Burial** (b) Date thereof **Feb 25-42** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Platte City**

18. (a) Signature of funeral director **Leland H. Francis** (b) Address **Parkville Mo**

19. (a) **8-4-42** (b) **Mrs Clay Siffes** (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Platte**
(c) City or town **Rural - Farley** (If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **Feb 23 1942** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **23** year **1942** hour **5** minute **4** M.

21. I hereby certify that I attended the deceased from **Sept 1 1941** to **Feb 23 1942** that I last saw him alive on **Feb 20 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Langrene left leg** Duration **3 weeks**

Due to **Arteriosclerosis**

Due to **" "**

Other conditions (Include pregnancy within 3 months of death)

Senile Dementia

Major findings: Of operations **98.2**

Of autopsy **" "**

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? **" "**

Without work? (Specify type of place) (e) Means of injury **" "**

23. Signature of physician **W. H. Siffes** (M. D. or other) Address **Parkville** Date signed **7/7/42**

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

83
0
0

RECEIVED -

District Health Officer No. Platte

District File Number 9-42-73

Date Filed 9-2-42

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Seland H Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.