

No. 2  
-5-42  
-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40906

FILED JAN -8 1942

State File No. ....

Registration District No. ....

Primary Registration District No. 4234

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Ironton  
(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 \_\_\_\_\_ (Specify whether  
In this community life years, months or days)

3. (a) PRINT FULL NAME Annie Ruth Ringo

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Mann Ringo 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 27 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ironton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Thomas Newman

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

14. Maiden name Jane Carter

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

16. (a) Informant Miss Lucille Ringo  
(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 12-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons  
(b) Address A. S. White Ironton Mo.

19. (a) 12-22-42 (b) Virginia P. Miller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron  
(c) City or town Ironton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13  
year 1942 hour 2 minute 15 AM.

21. I hereby certify that I attended the deceased from Aug 31 1942 to Dec 13 1942  
that I last saw her alive on Dec 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis, general  
Due to Carcinoma of cervix uteri

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 5 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) \_\_\_\_\_  
(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) (c) Means of injury \_\_\_\_\_

23. Signature Bea M. Bull (M. D. or other) M. D.  
Address Ironton, Mo. Date signed 12-19-42

Duration

6 mos.

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECORDED

District Health Officer No. 4  
District File Number 143-13-86  
Date Filed 1-7-43

DEC 7 1943

**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 Amel J. White  
Licensed Embalmer No. 3012  
P. O. Address Charleston, W. Va.

**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.