

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 9 1948

Registration District No. 117

Primary Registration District No. 5435

Registrar's No.

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

1. PLACE OF DEATH:

(a) County GASCONADE

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community ENTIRE LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

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

(d) Street No. NEAR BAY MO.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM HEINRICH AHRING

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 26 year 1943 hour 9 minute 30 A.M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife LENA AHRING

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased JANUARY 15 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 5 1943, to Oct 26 1943; that I last saw him alive on Oct 19 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack

8. AGE: Years Months Days If less than one day

66 9 11 ✓ hr. — min.

Due to _____

Due to _____

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

10. Usual occupation FARMING

Other conditions High blood pressure
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name FRANK AHRING

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

14. Maiden name JOHANNA MEYER

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

Major findings: 1911

Of operations _____

Of autopsy GA

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lena Ahring

(b) Address Bay, Mo.

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

(b) Date thereof Oct 30, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation ZIONS. EV. CEMETERY BAY

18. (a) Signature of funeral director Michael N. N. Winter

(b) Address Owensville, Mo.

19. (a) Oct 28, 1943 (Date received local registrar)

(b) Mrs. F. B. Meyer (Registrar's signature)

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)

(e) Means of injury _____

23. Signature Edw. Miller (M. D. or other) _____

Address Owensville, Mo. Date signed 10-27-43

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.....

Milford Kinton

Licensed Embalmer No. 3838

P. O. Address Owensville 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, fact should be so stated above.