. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13579

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 10

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: 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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron 47
(c) City or town Ironton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Malcolm Price Ringo
3. (b) If veteran, name war no
3. (c) Social Security No. 492-03-5023
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Hester Jane Ringo
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Jan (Month) 24 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
44	3	1	hr. min.

9. Birthplace Arcadia Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation merchant
11. Industry or business general store
FATHER
12. Name Sterling Price Ringo
13. Birthplace Wolf Island Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dora A. Van Nort
15. Birthplace St. Louis County Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant A.H.Ringo
(b) Address Rolla Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ironton Mo.
18. (a) Signature of funeral director Norman White & Sons
(b) Address Ancel White Ironton Mo.
19. (a) April 30, 1945 (Date received local registrar) (b) Mrs F. E. Howard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1945 hour 1:30 minute a. M.
21. I hereby certify that I attended the deceased from Jan 15th, 1945 to April 25th 1945 that I last saw him alive on April 25th, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute cardiac failure	4/25/45
Due to Uremic Poisoning and	?
Due to Chronic Nephritis	?
Other conditions mitral stenosis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations —
Of autopsy — B.V.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature R. E. Harland O.M.D. (M. D. or other)
Address Ironton Mo Date signed 4/25/45

1365

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 545-554

Date Filed 5-7-45

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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Gaston, Missouri

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.