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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 7 1945

State File No. 25311

Registration District No. 364 Primary Registration District No. 6237 Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Rural Hickory Grove Twp (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Warren 109
(c) City or town Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Henry Perkins Pringle
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lizzie Pringle
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May (Month) 20 (Day) 1869 (Year)

8. AGE: Years 76 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Warren Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Norman Pringle
13. Birthplace Warren Co (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Minnie Hubbard
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Lizzie Pringle
(b) Address Foristell, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25/45 (Month) (Day) (Year)
(c) Place: burial or cremation Wright City Cem
18. (a) Signature of funeral director Nieburg H & Co
(b) Address Wright City Mo
19. (a) July 24/45 (Date received local registrar) (b) Julius Nieburg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1945 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from January 1942 to July 1945 that I last saw him alive on July 22 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Tonsil	3 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 45 K	
Of autopsy	

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 John B Kellerman M.D. (M. D. or other)
Address Wright City, Mo. Date signed 7/24/45

1281

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-6-45

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 Julius J. Kielburg
Licensed Embalmer No. 3366
P. O. Address Wright City 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.