

FILED JAN 28 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 87

Primary Registration District No. 5324

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone Sup

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

(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone Sup

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

(d) Street No. _____ (If rural, give location) _____

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

3. (a) PRINT FULL NAME ALBERT RINGHAUSEN

3. (b) If veteran, name war Yes, W.W.#1 3. (c) Social Security No. Mo

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug 1-1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1946 hour 6:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Bourbon Mo
(City, town, or county) (State or foreign country)

Immediate cause of death _____

Due to Gun shot by his own hands

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Conrad Ringhausen

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

14. Maiden name Constance Stoker

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

16. (a) Informant Bertha DuBarnout

(b) Address Boon Mo

17. (a) Burial (b) Date thereof: 1-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bourbon Mo

18. (a) Signature of funeral director Albert Long

(b) Address Bourbon Mo

19. (a) 1-21-46 (b) E. E. Long
(Date received local registrar) (Registrar's signature)

Major findings: Of operations None

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(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) (or) Means of injury _____

23. Signature Harry M. Steible (M. D. or other) _____
Address Steible Mo Date signed 1/18/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 *Harry [unclear]*

Embalmed Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2428*

P.O. Address *Stettin MD*

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.

Registration District No. 87 Primary Registration District No. 5324

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Boone Township Rural
(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 _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Albert Ringhausen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased aug 1 (Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days _____ (if less than one day) hr. min.

9. Birthplace _____ (City, town or county) (State or foreign country) Mo

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-21-46 (b) E. Schoup (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1946 month _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ live on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

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 _____

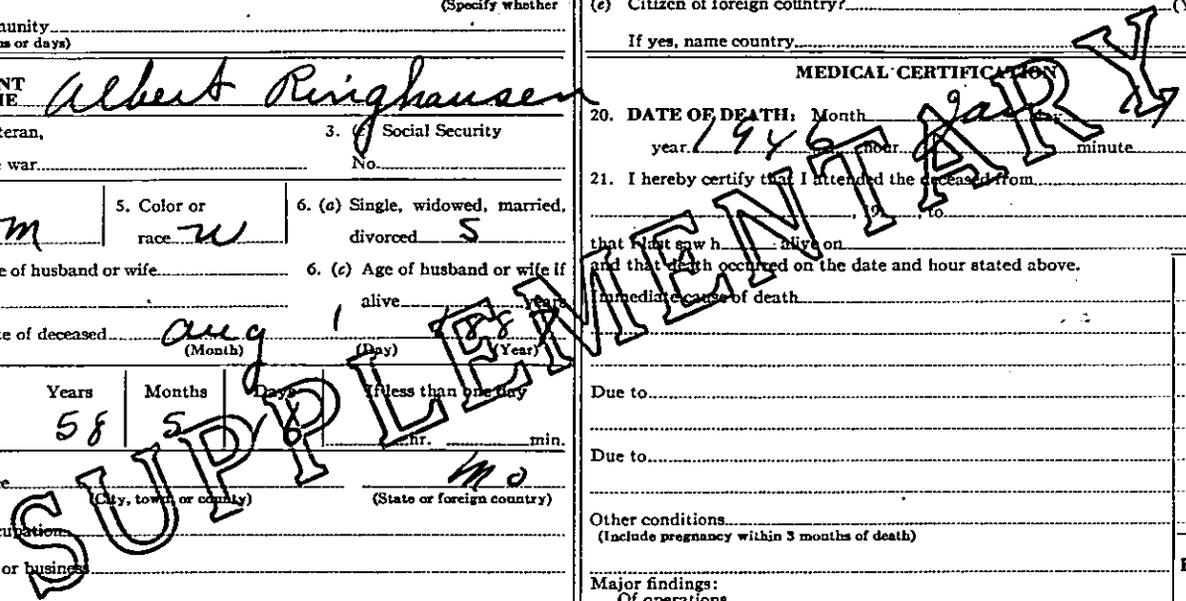
(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

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

Address _____ Date signed _____



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

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