

No. 2
-8-13
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3140**

FILED FEB 7 1946

Registration District No. **171**

Primary Registration District No. **4267**

Registrar's No. **-3-**

1. PLACE OF DEATH:

(a) County **Lafayette**
(b) City or town **Odessa**
(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 **Nannie Elizabeth Ring**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Chas. T. Ring** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **April 21, 1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **8** Days **17** If less than one day hr. min.

9. Birthplace **Lafayette Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Billy Hy. Stovall**

13. Birthplace **Lafayette Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Crows**

15. Birthplace **Lafayette Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **C.T. Ring**

(b) Address **Odessa, Mo.**

17. (a) **Burial** (b) Date thereof **Jan 13 '46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Odessa, Mo.**

18. (a) Signature of funeral director **Husman-Sparks**

(b) Address **Odessa, Mo.**

19. (a) **Feb 7 '46** (b) **Letta Drummond**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**
(c) City or town **Odessa**
(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 **Jan** day **8th**
year **1946** hour **1** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Jan 14 46**
....., 19....., to **Jan 9**, 19**46**
that I last saw her alive on **Jan 9**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral heart failure**
Duration

Due to

Due to

Other conditions **Influenza**
(Include pregnancy within months of death)

Major findings: Of operations **no operation**

Of autopsy **no 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) **no**

(b) Date of occurrence

(c) Where did injury occur?

(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 **[Signature]** (M. D. or other) **[Signature]**

Address **Odessa, Mo.** Date signed **1/9/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1475

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-5-16

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 _____

W. T. Sparks

Registered Apprentice No. 305

working under my personal supervision.

Signed _____

Jerry L. Herman

Licensed Embalmer No. 2541

P. O. Address Odessa, 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.