

No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30250

State File No. \_\_\_\_\_

FILED SEP 24 1947

Registration District No. 10

Primary Registration District No. 3082

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:  
603 W. Jackson St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 67 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. 603 W. Jackson  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IDA F. PRINGLE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14  
year 1947 hour 8 minute 17 A. M.

21. I hereby certify that I attended the deceased from 4-5  
21 1942, to 9-14 1947

that I last saw h. lx alive on 9-15 1947  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife James Pringle

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
Birth date of deceased 7 4 1859  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
Chronic Nephritis

Duration \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months 2 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace St Charles County, MO  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Domestic

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Ran Pringle

13. Birthplace St. Charles County, MO  
(City, town, or county) (State or foreign country)

14. Maiden name Maria Holt

15. Birthplace St. Charles County, MO  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Priscilla Russell

(b) Address 2732 Pine St. Gouss. MO

17. (a) Burial (b) Date thereof 9-18-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Mo.

18. (a) Signature of funeral director Russell Undertakers

(b) Address 2732 Pine St. Gouss. MO

19. (a) 9/13/47 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature H. J. Ector (M. D. or other) \_\_\_\_\_  
Address Mexico, Mo. Date signed 9-20-47

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

VS  
JUL 20 1959

RECEIVED  
District Health Officer No. 10  
District File Number 447-1279  
Date Filed SEP 23 1947

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 *Joel Russell*  
Licensed Embalmer No. *4112*  
P. O. Address *St Louis*

**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.**