DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1948
Registration District No. 310

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 41187
Primary Registration District No. 3058
Registrar's No. 239

**1. PLACE OF DEATH:**
(a) County St. Charles
(b) City or town "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community ____ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State MISSOURI (b) County LINCOLN
(c) City or town ELSBERRY
(If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME GEORGE RINGHAUSEN
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife CARRIE RINGHAUSEN
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased MARCH (Month) 11 (Day) 1882 (Year)

8. AGE: Years 66 | Months 9 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Nebo (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Farming
11. Industry or business ____
FATHER
12. Name GEORGE RINGHAUSEN
13. Birthplace ____ (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name DELIAH WEBB
15. Birthplace ____ (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant's ~~[illegible]~~ CARRIE RINGHAUSEN
(b) Address ELLSBERRY MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation ELSBERRY, Mo.
18. (a) Signature of funeral director Garland Rich
(b) Address ~~[illegible]~~ ELSBERRY, Mo.
19. (a) 12-17-48 (Date received local registrar) (b) Fannie Hanneman (Registrar's signature) 284

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month DEC day 13 year 1948 hour 7 minute 40 P.M.
21. I hereby certify that I attended the deceased from Nov 9, 1948, to Dec 13, 1948 that I last saw him alive on Dec 13, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of the stomach | 1 yr |
| Due to | |
| Due to 46B | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations obstructing carcinoma of prepyloric area of stomach
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 Russell Snider M.D. (M. D. or other)
Address 206 Washington St Charles, Mo. Date signed 12/15/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
Rev. I X19511

RECEIVED
District Health Officer No. 9,
Statistic File Number.....
Date Filed DEC 21 1948

DEC 28 1948

**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.....

Licensed Embalmer No. 4012

P. O. Address. Elsberry, 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, above space should be left blank.**