

State File No. _____
Registrar's No. 14

FILED MAY 20 1942
Registration District No. 205

Primary Registration District No. 5422

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RURAL Gasconade
(c) Name of hospital or institution:
ROSEBUD ROUTE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 73 YEARS. (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME WILLIAM AHRING

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

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased DECEMBER 6 1853.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 4 18 hr. min.

9. Birthplace ASHENDORF GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER

12. Name MATTHEWS AHRING
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MINNIE GRET HAUSS
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Hartmeister
(b) Address Rosebud, Mo. Route

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4 - 26 - 1942
(Month) (Day) (Year)
(c) Place: burial or cremation SALEM LUTHERAN CEM.

18. (a) Signature of funeral director H. S. Kwanstrater
(b) Address Owensville, Mo.

19. (a) Apr. 27, 1942 (Date received local registrar) Alice Koch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 24
year 1942 hour 2:20 PM minute _____ M.
21. I hereby certify that I attended the deceased from 4-23-42
4-23-1942 to 4-24-1942
that I last saw him alive on 4-23-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of the Pancreas
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) (e) Means of injury _____
23. Signature Eddo Mellick (M. D. or other) _____
Address Owensville Mo Date signed 4-26-42

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

3700

370

899

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Melford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.