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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED AUG 28 1947**  
 Dr. Aldridge

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 178

Registration District No. 77 Primary Registration District No. 3016

**1. PLACE OF DEATH:**

(a) County Cole  
 (b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 80 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cole  
 (c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 630 East McCarty Street  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mrs. Cora Belle Ringo

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife James H. Ringo 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased February 1 1866  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day \_\_\_\_\_ year 1947 hour 8 minute 6 30 a.m.

21. I hereby certify that I attended the deceased from Jan 1 1947 to July 5 1947  
 that I last saw her alive on July 5 1947  
 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>81</u>	<u>8</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Cole County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Immediate cause of death \_\_\_\_\_  
 Due to Cerebral Arteriosclerosis  
 Due to Senility

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

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

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

**12. Name** W.S. Jobe

**13. Birthplace** Not Known  
(City, town, or county) (State or foreign country)

**14. Maiden name** Not Known

**15. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Dr. Hy. J. Ringo  
 (b) Address St. Louis, Missouri

**17. (a) Burial** (b) Date thereof Aug-7-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown, Missouri

**18. (a) Signature of funeral director** W. P. Gordon  
 (b) Address Jefferson City, Missouri

**19. (a) 8-11-47** (b) E. J. Morris  
(Date received local registrar) (Registrar's signature)

**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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** Dr. Aldridge (M. D. or other) MA  
 Address Jefferson City, Mo Date signed 8/6/47

Duration 8 MA

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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

6  
 5  
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RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed AUG 27 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 Omer Edward Guozz,

Licensed Embalmer No. 4411

P. O. Address Jesson City

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.