

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11304  
Do not use this space.

FILED APR 7 1943

1. PLACE OF DEATH  
(a) County St Francis Registration District No. 316  
(b) Township Perry Primary Registration District No. 3059 Registered No. 82  
(c) City Bonne Terre (d) Street No. 1 St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Ella Rhoda Ringer  
(a) Residence, No. 35 E School St St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abe Ringer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/30/1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min. 75 10 27  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St Francis Co Mo  
13. NAME Jefferson Richardson  
14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St Francis Co Mo  
15. MAIDEN NAME Eliza Beckett  
16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St Francis Co Mo  
17. INFORMANT M. W. Ringer (ADDRESS) Bonne Terre Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre DATE 3/29 1943  
19. FUNERAL DIRECTOR (ADDRESS) Benham Undert Co. Bonne Terre Mo  
20. FILED Mar 31, 1943 Byrdie Bohmester Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1943  
22. I HEREBY CERTIFY, That I attended deceased from Summer 1942, to 3-27 1943  
I last saw her alive on 3-26 1943. Death is said to have occurred on the date stated above, at 10:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cardiac failure after increasingly severe chronic myocarditis  
Date of onset over 2 years  
Other contributory causes of importance: 926  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) H. H. Boehler, M. D.  
(Address) Bonne Terre, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVE FOR BINDING

V. S. Form No. 27-37  
50M-7-20-37  
I X12004

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

District Health Office No. 4  
District File Number 443-1986  
Date Filed 4-5-45

STATEMENT BY LICENSED EMBALMER

I, Eleana Pounce, Licensed Embalmer No. 3403

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

No. \_\_\_\_\_ L. E. \_\_\_\_\_

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Eleana Pounce  
Licensed Embalmer No. 3403

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.)