

RECEIVED SEP 23 1940

Registration District No. **427**

Primary Registration District No. **4253**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County Johnson  
 (b) City or town Holden Madison  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: ✓  
 (If not in hospital or institution, write street number or location) 2  
 (d) Length of stay: In hospital or institution ✓ (Specify whether 2)  
 In this community ✓ years, months or days 356

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
 (c) City or town Holden  
 (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.

8. (a) PRINT FULL NAME Anna Hester Ritner

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

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife James Ritner 6. (c) Age of husband or wife if alive 15 years  
 7. Birth date of deceased Feb (Month) 1854 (Day) (Year)

8. AGE: Years 86 84 Months 6 Days 9 If less than one day ✓ hr. ✓ min.

9. Birthplace Little Washington County Penn (City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business ✓

MOTHER FATHER { 12. Name Unknown  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs G. Ritner  
 (b) Address Holden Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director M. G. Johnson  
 (b) Address Holden Mo.

19. (a) Aug 26, 1940 (Date received local registrar) (b) Mrs H V Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1940 hour 8:20 minute P. M.

21. I hereby certify that I attended the deceased from May 12, 1940, to Aug 25, 1940 that I last saw her alive on August 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene (left foot) (arterial)

Due to Generalized Arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death) 97

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

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

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? 3rd

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

23. Signature Kelly Paulsen (M. D. or other) \_\_\_\_\_

Address Holden Mo Date signed 8/27/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 8,  
District File Number 9-13-40  
Date Filed

**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 W. Goodman

Licensed Embalmer No. 2424

P. O. Address Holden

**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.