

Registration District No. **399**

Primary Registration District No. **1002**

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.

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11-29-40-12-2-40
(Specify whether years, months or days)
 In this community 22 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo. (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2918 Norton
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Ethel Ritchie
 (b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 2
 year 40 hour 3 minutes 30 P. M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Lloyd Ritchie 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased 10 (Month) 2 (Day) 1900 (Year)

21. I hereby certify that I attended the deceased from 11-29-, 1940, to 12-2-, 1940;
 that I last saw her alive on 12-2-, 1940;
 and that death occurred on the date and hour stated above.

8. AGE: Years 40 Months 2 Days 0 If less than one day _____ hr. _____ min.

Immediate cause of death
Heart Failure
Myocardial Degeneration
 Due to Carcinomatosis (Generalized)
Primary. Uterus
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 10. Usual occupation Unemployed

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

11. Industry or business 9
MOTHER FATHER
 { 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Nolen
(City, town, or county) (State or foreign country)
 15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk
 (b) Address General Hospital #2
 17. (a) Burial (b) Date thereof 12-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Cem
 18. (a) Signature of funeral director Hathorn Bros
 (b) Address 1729 Lydia
 19. (a) 12-4-40 (b) Dr. M. Brown
(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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address Union Cem #2 Date signed 12-4-40

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

Isaac Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St*

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.