

No. 2
13-40
17-39
X23159

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1086**
Registrar's No. **46**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kaw**

(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 Weeks**
(Specify whether)

In this community **4 Weeks**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oklahoma** (b) County **Wagoner** **000**

(c) City or town **Wagoner Oklahoma** **34**
(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.

3. (a) PRINT FULL NAME **Alzina Rittenhouse**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **4th**
year **1941** hour **6** minute **25 P.** M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **W.O. Rittenhouse**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **February 22 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **December 8**, 19**40**, to **Jan 4**, 19**41**, that I last saw her alive on **Jan 4**, 19**41**, and that death occurred on the date and hour stated above.

8. AGE: Years - Months - Days If less than one day

60 **10** **12** hr. min.

Immediate cause of death **Pulmonary edema** **24hr.**

Due to **Pneumonia, chronic** **2 yrs.**

Due to **Myelogenous**

Other conditions **gtd**

(Include pregnancy within 3 months of death)

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Mose B. Rand**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

Major findings: **None**

Of operations **None**

Of autopsy **None**

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

16. (a) Informant **Mr. W.O. Rittenhouse**

(b) Address **Wagoner Oklahoma**

17. (a) **Removal** (b) Date thereof **1-5-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wagoner, Oklahoma**

18. (a) Signature of funeral director **Mrs. C. I. Forster**

(b) Address **918 Brooklyn Kansas City, Missouri**

19. (a) **1-5-41** (b) **M. 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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Joseph H. Brown** (M. D. or other) **M.D.**

Address **830 Angyle Bldg K.C. Mo** Date signed **1/7/41**

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

Met Dr. Lockwood at Research Hospital
9A.W.Sunday

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 Cas. E. ...

Licensed Embalmer No. 4179

P. O. Address K. E. Me

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.