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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 17 1941
396

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2879

Registration District No. 396

Primary Registration District No. 552

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Sibley in A. Norman
(c) Name of hospital or institution: 1 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Sibley
(If outside city or town limit, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Emily E. Ritchey
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan, day 10, year 1941, hour 7, minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 10, 1940 to Jan 10, 1940

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James L. Ritchey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 21 1865
(Month) (Day) (Year)

that I last saw her alive on Jan 10, 1940, and that death occurred on the date and hour stated above.
Immediate cause of death Hypertensive pneumonia
Due to myocardial degeneration

8. AGE: Years 75 Months 1 Days 19 If less than one day _____ hr. _____ min.
9. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Harris McMillan
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Johnson
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sibley
18. (a) Signature of funeral director V. M. Rappert
(b) Address Bushway Mo
19. (a) Jan 15-1941 (b) John W. Robertson
(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? 358
While at work? _____ (e) Means of injury _____
23. Signature J. W. Heggins (M. D. or other) 550
Address Juchner Mo Date signed 1/15/41

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

828
926

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 V. M. Rappert

Licensed Embalmer No. 2321

P. O. Address Buckeye, Mo.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2879

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 396

Primary Registration District No. 5362

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson
(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)

(d) Length of stay: In hospital or institution. (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Emily E. Ritchey

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife.

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

7. Birth date of deceased. (Month) (Day) (Year)

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

75 1 19 min.

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

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

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

16. (a) Informant.

(b) Address.

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.

(c) City or town. (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month Jan day 10 year 1975 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Bronchial pneumonia
myocardial Degeneration

Due to _____

Other conditions. (include pregnancy within 3 months of death)

Major findings: Of operations. 937

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 L. W. Higgins (M. D. or other) DO

Address Berkeley Date signed 1/10/75

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

SUPPLEMENTARY

100-100000

100-100000

100-100000

100-100000