

FILED FEB 14 1941

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **19**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution? **McLure Brooks Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 1/2 hrs.**
(Specify whether
In this community **Yes**
years, months or days)

8. (a) PRINT FULL NAME **Margie Louise Ritchie**

3. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **Jan 23 1941**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	9	0	6 hr. 15 min.

9. Birthplace: **Carthage, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Clarence Ritchie**

13. Birthplace **Jasper County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mona Bowman**

15. Birthplace **Jasper Co Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Ritchie**

(b) Address **Rt #1 Reeds Mo**

17. (a) **Funeral** (b) Date thereof **Jan 24 1941**
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation **Langston Cemetery**

18. (a) Signature of funeral director **Kell Mortuary**

(b) Address **Carthage Missouri**

19. (a) **Jan 24 1941** (b) **E J Mc Intire MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **Reeds R #1**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **1** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **23rd**
year **1941** hour **9:10 PM** M.

21. I hereby certify that I attended the deceased from **Jan 23rd**
1941, to **Jan 23 1941**

that I last saw her alive on **Jan 23 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis from**
Build.

Due to **Prematurity**

Due to **Lobar pneumonia of brother**

Other conditions **154**
(Include pregnancy within 3 months of death)

Major findings: **154**
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?

Chin's (Specify type of place)
While at work? (b) Means of injury

23. Signature **W. J. Mc Intire M. D.** (M. D. or other)

Address **Carthage, Mo** Date signed **1/25/41**

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.