

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Altamont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Nancy Louise Ricketts
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced --- (1)
(b) Name of husband or wife _____
(c) Age of husband or wife if alive --- years
7. Birth date of deceased May 3 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 1 hr. min.

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

10. Usual occupation None

11. Industry or business _____
12. Name James S. Ricketts
13. Birthplace Fort Scott / Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Florence Vandyke
15. Birthplace Devon / Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant James S. Ricketts
(b) Address Altamont, Missouri
17. (a) Burial (b) Date thereof 12-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Devon, Kansas

18. (a) Signature of funeral director Hope Thru Fund. Co.
(b) Address Gallatin Mo.
19. (a) 12-5-40 (b) Mr. J. L. Reich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess 3/
(c) City or town Altamont 0
(If outside city or town limits write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? (1) years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 4
year 1940 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from Nov 30
1940, to Dec 4, 1940
that I last saw her alive on Dec 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Duration partly 5 days

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
225 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Fred W. Wilson (M. D. or other) 0
Address Winstan Date signed Dec 5 1940

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

607

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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. 17674

Registration District No. 248

Primary Registration District No. 4148

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daveas
(b) City or town Attamout
(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

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) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nancy Louise Ricketts

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 _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

1

7

1

hr. 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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year _____ hour _____ minute _____ M.

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

Immediate cause of death Pneumonia Bronchitis Pneumonia Pneumonia

Duration

Due to True complications

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Fred R Wilson (M. D. or other) _____

Address Winatons, MO Date signed 7/25/46

SUPPLEMENTAL

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

MOTHER FATHER

S-17674