

D. 2
7-39
K23159

Registration District No. **339**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St. Alex's Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME RITTER Alfred

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex M 5. Color or race W

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

(b) Name of husband or wife Carrie L. Ritter

(c) Age of husband or wife if alive 79 years

7. Birth date of deceased Oct 23 1859
(Month) (Day) (Year)

8. AGE 81 Years Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Contractor

11. Industry or business _____

MOTHER FATHER { 12. Name Oscar G. Ritter

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

14. Maiden name Adelina L. Smith

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

16. (a) Informant Carrie L. Ritter

(b) Address Kansas City, Mo

17. (a) Burial (b) Date thereof Oct 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Cato & Spinks

(b) Address Independence Co, Mo.

19. (a) 10/6/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 335 Merwin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1941 hour 7:05 minute P M.

21. I hereby certify that I attended the deceased from 9-25-41
to 10-4-41

that I last saw him alive on 10-4-41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to Arteriosclerosis

Due to _____

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

Major findings: 99

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 M. M. Crowe (M. D. or other) 0

Address 3200 No. 4th Date signed 10-4-41

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 *me*

....., Registered Apprentice No.

working under my personal supervision.

Signed

Roland R. Spinks

Licensed Embalmer No.

3604

P. O. Address

Indep Mo

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, fact should be so stated above.