V. S. No. 2
OM—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2577

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 504 Broadway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Earl Whitman Ritchey
3. (b) If veteran, name war World War
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Drusilla Davis Ritchey
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased December (Month) 17 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
53	0	27	hr. min.

9. Birthplace Brewster Neb (City, town, or county) 1 (State or foreign country)
10. Usual occupation Merchant operated shoe store
11. Industry or business
FATHER
12. Name Whitman S. Ritchey
13. Birthplace Cocomo (City, town, or county) Ind (State or foreign country) 1
MOTHER
14. Maiden name Neva Jane Clark
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)
16. (a) Informant Drusilla Davis Ritchey
(b) Address Iola Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Iola-Kansas
18. (a) Signature of funeral director Hamhill - Dillon Mortuary
(b) Address Joplin, Mo.
19. (a) 1-17-42 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 10 day 10 year 1942 hour 415 minute A M.
21. I hereby certify that I attended the deceased from Jan 6th 1942, 19 to Jan 10 — 1942 that I last saw him alive on Jan 10th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia Embalmer
Due to 3° burns of buttock, back + back legs —
Due to Fire from Gas Store
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations no
Of autopsy no

Duration

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

181-1
15

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, or homicide (specify)~~ Accident
(b) Date of occurrence 1-6-42 122
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? (e) Means of injury burns
23. Signature Ernest Johnson Jr (M. D. or other)
Address 524 28 Frisco Date signed

(Licensed Embalmer's Statement on Reverse Side)

42-1-71

MAR 7 1942

APR 6 1942

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.....David Dillon.....

Licensed Embalmer No.....3898.....

P. O. Address.....Joplin, 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, fact should be so stated above.