

FILED JAN 11 1942

Registration District No.

Primary Registration District No.

2000

Registrar's No.

865

39
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6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: GREENE

(a) County: GREENE

(b) City or town: Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
431 S. Fort St. /
(If not in hospital or institution, write street number or location)

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

In this community: Several Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 431 S. Fort St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: Homer J. Ritchey

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 4 year: 1942 hour: 6 minute: 00 A.M.

4. Sex: Male

5. Color or race: W

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

6. (b) Name of husband or wife: Daisy Ritchey

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: May 17 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-30-42 to 12-4-42

that I last saw him alive on 10-30-42 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of S. stomach
Hypertensive Heart Disease

8. AGE:	Years	Months	Days	If less than one day
	65	6	17	hr. min.

Due to _____

Due to _____

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

9. Birthplace: Alaska Co. Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation: Mechanic

11. Industry or business: Mechanic for Prisco R.R.

MOTHER FATHER

12. Name: Joe M. Ritchey

13. Birthplace: Unknown Iowa /
(City, town, or county) (State or foreign country)

14. Maiden name: Josephine Buchannon

15. Birthplace: Unknown Virginia /
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Daisy Ritchey

(b) Address: 431 S. Fort Springfield, Mo.

17. (a) Burial (b) Date thereof: 12-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn

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? _____

18. (a) Signature of funeral director: Dunn Funeral Home

(b) Address: 629 W. Walnut Springfield,

19. (a) 12-7-42 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

23. Signature: _____ (M. D. or other)

Address: Springfield, Mo. Date signed: _____

JAN 8 1943

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JAN 19 1943

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

Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

Frank Grable Jr.

Licensed Embalmer No.

4150

P. O. Address

Springfield, 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.