

State File No. _____

Registrar's No. _____

FILED FEB 17 1948
Registration District No. 17/3

Primary Registration District No. 5430

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural Central mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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) One Year -

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin
(c) City or town Rural Central
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Okel Anna Ritchhart

3. (b) If veteran, name war 3. (c) Social Security No. _____

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3-19-1909
(Month) (Day) (Year)

8. AGE: Years 33 Months 9 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation clerk

11. Industry or business selling merchandise

MOTHER FATHER { 12. Name Alfred Ritchhart
13. Birthplace Missouri
14. Maiden name Essie Earley
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Faye Hardt
(b) Address 7617 Lovella

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-48
(Month) (Day) (Year)

(c) Place: burial or cremation mt. Lebanon

18. (a) Signature of funeral director Sherrard Mitchell
(b) Address St. Clair mo

19. (a) 1/14/48 (Date received local registrar) (b) Op. J. King (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1948 hour 10 minute V-P. M.

21. I hereby certify that I attended the deceased from Aug-24-47 1947 to Jan-13-48 1948
that I last saw him alive on Jan 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Due to _____
Duration 4 days

Due to Tuberculosis of lungs
Duration one year

Other conditions 13 ft
(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) (b) Means of injury _____

23. Signature W. E. Mitchell (M. D. or other) D
Address St. Clair mo Date signed 1/14/48

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..... *Sherrill Hatchell*

Licensed Embalmer No..... *3873*

P. O. Address..... *St. Clair, 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.