No. 2
—2-43
6-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21128

State File No.

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Smithville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Community Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

In this community 43 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1408 Prospect Avenue
(If rural, give location)

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

If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Edna Browning Ricketts

3. (b) If veteran, name war None

3. (c) Social Security No. 493-14-9823

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Harry Joseph Ricketts

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

7. Birth date of deceased December (Month) 13 (Day) 1877 (Year)

8. AGE: Years 65 Months 6 Days 13 If less than one day ____ hr. ____ min.

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

10. Usual occupation Clerk

11. Industry or business 9th Democratic Ward

MOTHER FATHER

12. Name Warren Matheny

13. Birthplace (City, town, or county) Ohio (State or foreign country)

14. Maiden name Elizabeth Messenheimer

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

16. (a) Informant Mrs. Ruth Eilene Kershaw

(b) Address Smithville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Missouri Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Turcotte Sons

(b) Address 1401 Brush Creek Blvd. K.C.Mo.

19. (a) June 29-43 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

1021

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1943 hour 9:30 minute P.M.

21. I hereby certify that I attended the deceased from March 20, 1943 to June 26, 1943 that I last saw her alive on June 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cholelithiasis Cholecystitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? Means of injury

23. Signature [illegible] (M. D. or other) MD

Address Smithville, Mo. Date signed 6-27-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 7-8-43

Ricketts

OCT 26 1944

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 H O Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K.C.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.