S. No. 2
0M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1949

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29018

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 261

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 609 North New York / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community about ten years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 609 North New York (If rural, give location)

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

If yes, name country 0

80 6 4

3. (a) PRINT FULL NAME Otto Rickey

3. (b) If veteran, name war none

3. (c) Social Security No. 487-16-0015

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Wannitta Rickey

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased July 17, 1908 (Month) (Day) (Year)

8. AGE: Years 35 Months 0 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Florence, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Grocery Clerk

11. Industry or business

FATHER
12. Name W.H. Rickey
13. Birthplace unknown, (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Bettie Cramer
15. Birthplace Florence, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Wannitta Rickey (Wife)

(b) Address 609 N. New York, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address Sedalia, Missouri

19. (a) 8/5/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug. day 3 year 1943 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from Over ten years. 19 to August 3rd, 1943 19 ; that I last saw him alive on Aug. 3rd, 1943. 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arthritis Deformans.	Over 10 yrs.
Due to	
Due to	
Other conditions None other. (Include pregnancy within 3 months of death)	

Major findings:
Of operations None.
Of autopsy None.

59 b

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) No.

(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? None. (Specify type of place)

While at work? (e) Means of injury —

23. Signature Jno. B. Oulisle M.D. (M. D. or other) M.D.

Address Sedalia Mo. Date signed 8-4-43

102-20

(Licensed Embalmer's Statement on Reverse Side)

23943

District Health Officer No. 2,

District File Number

Date Filed 8-20-43

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 John E. Myers

Licensed Embalmer No. 3220

P. O. Address Sedalia, 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.