

S. No. 2
M-2-43
5-17-39
I X35637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8469

State File No. _____

FILED MAR 14 1944

Registration District No. 227

Primary Registration District No. 3072

Registrar's No. 50

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 731 N. Odell 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 15 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Saline
 (c) City or town Marshall
(If outside city or town limits, write "RURAL")
 (d) Street No. 731 N. Odell
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM THOMAS RITCHEY
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 20
 year 1944 hour 9 minute 45 A.M.

4. Sex M 5. Color or Race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Annie Ritchey
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Feb 7 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20 1944 to Feb 20 1944.
 that I last saw him alive on Feb 18 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 0 Days 13
 If less than one day _____ hr. _____ min.

Immediate cause of death: Ch Myocarditis & decompensation
 Due to Hypertension
 Due to _____

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

Other conditions: Ch Nephritis
(Include pregnancy within 3 months of death)
 Major findings: 1318
 Of operations _____
 Of autopsy _____

10. Usual occupation Laborer

11. Industry or business _____
 12. Name William Marion Ritchey
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name W.K.
 15. Birthplace _____
(City, town, or county) (State or foreign country)

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 _____ (e) Means of injury 0

16. (a) Informant John Marion Ritchey
 (b) Address Marshall Mo
 17. (a) Burial (b) Date thereof Feb 22 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Salt Fork Cemetery Saline Co
 18. (a) Signature of funeral director Harry Hershberger
 (b) Address Marshall Mo
 19. (a) 2-24-1944 (b) Mrs. T. O. Weethrook
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) _____
 Address Marshall Date signed 2/24/44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-13-44

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 *Harry Hershberger*

Licensed Embalmer No. *4357*

P. O. Address *Marshall 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.