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FILED MAR 30 1944
Registration District No. _____

Primary Registration District No. 6138

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

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution 5 1/2 Miles N.E. 17 Bethel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 84 years
years, months or days

3. (a) PRINT FULL NAME VIRGINIA RITTER MOORE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

(b) Name of husband or wife Tandy G. MOORE

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

7. Birth date of deceased August 31 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER

12. Name James Ritter

13. Birthplace Shelby County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Susan Jane Hickerson

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

16. (a) Informant Mrs Mary Pickett

(b) Address Bethel Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Feb 18 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Cemetery

18. (a) Signature of funeral director C.W. Muesgrove

(b) Address Bethel Missouri

19. (a) Feb 11 1944
(Date received local registrar)

(b) Madge Coach
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

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

(d) Street No. 5 1/2 Miles N.E. Bethel
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16
year 1944 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb 13, 1944, to Feb 16, 1944
that I last saw HER alive on February 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia

Due to Chronic Myocarditis ?

Due to Arterio-Sclerosis ?

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 93d

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)

(c) Means of injury _____

23. Signature Waldo B. Stone (M. D. or other) MD

Address Newark Mo Date signed 2/16/44

RECEIVED

District Health Officer No. 10

District File Number 9-44-462

Date Filed MAR 7 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

Licensed Embalmer No. 2719

P. O. Address Bethel 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.