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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27479

Registration District No. 59 Primary Registration District No. 3224 Registrar's No. 135

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: Harding Nursing 4 Home. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 73 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State — (b) County — 19

(c) City or town — (If outside city or town limits, write "RURAL") 0

(d) Street No. — (If rural, give location) 0

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

If yes, name country 0

3. (a) PRINT FULL NAME Randy Brean Ritchie

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased June (Month) 17 (Day) 1944 (Year)

8. AGE: Years — Months 2 Days 13 If less than one day hr. min.

9. Birthplace Harrisonville (City, town, or county) Hospital O Mo. (State or foreign country)

10. Usual occupation —

11. Industry or business

FATHER
12. Name Lynton Clark Ritchie
13. Birthplace Argentine (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Jewell K. McCastin
15. Birthplace Austin (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Jewell Ritchie

(b) Address Harrisonville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cemetery

18. (a) Signature of funeral director Atkinson Bros

(b) Address Harrisonville Mo.

19. (a) Aug. 31, 1944 (Date received local registrar) (b) Margaret Valle (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1944 hour 11 minute 430 M.

21. I hereby certify that I attended the deceased from June 17, 1944 to Aug 30, 1944 that I last saw him alive on Aug 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Spina-Bifida with Spastic Contraction of leg

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.

157 b

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

23. Signature David Long (M. D. or other)

Address Harrisonville Mo. Date signed 8/30/44

(Licensed Embalmer's Statement on Reverse Side)

DEC 15 194

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~~ not embalm

..., Registered Apprentice No. ...,

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.