

Primary Registration District No. 3128

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 Days
In this community 60 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 608 Cedar St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pearl Burdette RITCHHART

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife A. Ritchhart (Deceased) 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased February 24 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Licking Co., Ohio.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name O. N. Penny
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Eliza A. Taylor
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Pollard
(b) Address 608 Cedar St., Carthage, Mo.

17. (a) Burial (b) Date thereof 12 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 12-3-46 (b) L. B. Clenton, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st.
year 1946 hour 9:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 16 Oct 1946 to 30 Nov 1946
that I last saw her alive on Nov 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia Duration 6 mo

Due to hemorrhage 90 da.

Due to anemia of stomach 3 yr.

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

Major findings: Of operations 46 P
Of autopsy _____

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) (e) Means of injury no

23. Signature A. B. Wheely, M.D. (M. D. or other) DO
Address Carthage Mo Date signed 12/2/46

WRITE PLAINLY—USE UNFADING INK

H6-11-1030

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 *Gene C. Pugh*
Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, Missouri.

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.