

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 29 1947**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 33

Registration District No. 163

Primary Registration District No. 3031

**1. PLACE OF DEATH:**

(a) County Jefferson

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

(c) Name of hospital or institution: HOME 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 50 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Jefferson 50

(c) City or town Dadoto 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 110 E. 3rd St. 2  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** JOHN ELLIOT RITCHER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 28  
year 1947 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 1947 to 28 July 1947  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Laura Ritcher 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Apr 24 1855  
(Month) (Day) (Year)

Immediate cause of death arterio sclerosis cordis  
vascular renal disease yes

Due to \_\_\_\_\_

Due to Senility no

8. AGE: Years 92 Months 3 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Rt. Farmer

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations A 3<sup>rd</sup>

Of autopsy \_\_\_\_\_

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

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Louis Ritcher

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

14. Maiden name Elizabeth Elliot

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

16. (a) Informant Louis Ritcher  
(b) Address 110 E. 3rd

17. (a) Burial (b) Date thereof July 28 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Church, Dadoto

18. (a) Signature of funeral director James W. Ritcher  
(b) Address Dadoto Mo.

19. (a) 8/14/47 (b) Marion Harvey  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Harold V. McQuinn (M. D. or other) M.P.  
Address Dadoto Mo. Date signed 29 July 47

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed AUG 28 1947

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 *Samuel B. Dietrich*  
Licensed Embalmer No. *4104*  
P. O. Address *Delato 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.