

No. 2  
12-45  
5-17-39  
1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39040  
Registrar's No. 118

Registration District No. 245

Primary Registration District No. 3047

1. PLACE OF DEATH:  
(a) County Newton  
(b) City or town Neosho  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
322 So. Wood St. 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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Newton 73  
(c) City or town Neosho 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 322 So. Wood St 2  
(If rural, give location) 0  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ELLA STILLEY RITCHER  
3. (b) If veteran, name war. NONE  
3. (c) Social Security No. NONE  
4. Sex FEM. 1 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife HENRY M. RITCHER  
6. (c) Age of husband or wife if alive 89 years  
7. Birth date of deceased April 3 1872  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 25  
year 1947 hour 6:10 minute 0 A. M.  
21. I hereby certify that I attended the deceased from For years +  
11/14/47 19... to 11/25/47 19...  
that I last saw h. in alive on 11/25/47 19...  
and that death occurred on the date and hour stated above,  
Immediate cause of death Cholecystitis

8. AGE: Years Months Days If less than one day  
75 7 22 hr. min.

Due to Recurrent attacks -  
Due to .....

9. Birthplace PIERCE CITY MISSOURI  
(City, town, or county) (State or foreign country)

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

10. Usual occupation HOUSEWIFE

Major findings:  
Of operations.....  
Of autopsy.....

11. Industry or business OWN HOME

12. Name J. R. STILLEY  
13. Birthplace ILLINOIS 1  
(City, town, or county) (State or foreign country)

14. Maiden name MARY E. JONES  
15. Birthplace TENN. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ployd Ritcher  
(b) Address Neosho Mo.

17. (a) BURIAL (b) Date thereof 11-27-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Neosho 2.909 CEMETERY

18. (a) Signature of funeral director Corley Thompson  
(b) Address Neosho Missouri

19. (a) Nov. 5, 1947 (b) Melvin L. Postman  
(Date received local registrar) (Registrar's signature) 974

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 0

23. Signature R. C. Lamm (M. D. or other) 0  
Address Neosho Mo Date signed 11/25/47

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

MOTHER FATHER

Duration  
years

PHYSICIAN

Underline the cause to which death should be charged statistically.

**RECEIVED**

District Health Officer No. Newton

District File Number 1247-234

Date Filed DEC 8 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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Newark 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.