

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **840**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 3 YRS.	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION 1022 Dewey Ave.,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 1022 Dewey Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) JANE c. (Last) RITCHIE			4. DATE OF DEATH (Month) (Day) (Year) 7 21 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		8. DATE OF BIRTH 11-3-1867	
				9. AGE (in years last birthday) Months Days Hours Min. 86	
				11. BIRTHPLACE (City and State or Foreign Country) 0	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jesse Webb		13b. MOTHER'S MAIDEN NAME Jane ?		14. NAME OF HUSBAND OR WIFE Jeff Davis Ritchie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Ritchie, 1022 Dewey Ave. City	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIABETIC GANGRENE, LEFT FOOT		INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DIABETES MELLITUS AND UNKNOWN			
		DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE UNKNOWN			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **MARCH 25, 1954**, to **JULY 21, 1954**, that I last saw the deceased alive on **JULY 20, 1954**, and that death occurred at **3:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Laurie N. Piper, MD		(Degree or title)		23b. ADDRESS 1218 N. 3RD., ST. JOSEPH, MO	
23c. DATE SIGNED 7-23-1954		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-23-1954	
		24c. NAME OF CEMETERY OR CREMATORY Richie Cemetery		24d. LOCATION (City, town, or county) (State) Stover, Missouri	

DATE REC'D BY LOCAL REG. Aug 4, 1954		REGISTRAR'S SIGNATURE Edwin M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Rupp, St. Joseph, Mo.	
--	--	--	--	--	--

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

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, ~~by~~, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John E. Rupp*

Licensed Embalmer No. *3980*

P. O. Address *St. Joseph*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.