

REC'D SEP 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29082
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Independence Primary Registration District No. 3019 Registered No. 228
(c) City Independence (d) Street No. Indep Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mr. Nancy Jane Ricker 2661
(a) Residence, No. 919 High St Sugar Creek (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Ricker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 - 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
89 8 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wif.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1938
22. I HEREBY CERTIFY, That I attended deceased from July 31 1938, to Aug 25 1938
I last saw him alive on Aug 25 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
Arteriosclerosis
Senility
Date of onset 8/10

Other contributory causes of importance:
Arterial occlusion at left jugular at

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malton - Iowa
13. NAME Samuel Gardner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Jametta Buntin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

17. INFORMANT (ADDRESS) Mr. N. R. Simms
919 High St Sugar Creek
18. BURIAL, CREMATION, OR REMOVAL PLACE Moulton Iowa DATE Aug 28 1938
19. FUNERAL DIRECTOR (ADDRESS) Ott + Mitchell
Independence Mo
20. FILED Aug 31 1938 H. L. Cook Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19None
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) H. R. Lydden, M. D.
(Address) St. Joseph, Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No..... or by....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)