REC'D JAN 13 1939

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

Do not write in this space. 42059

Registered No. 5125

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kan
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(d) Street No. Kcgen Hosp 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 233 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benj Ricketts
(a) Residence, No. 1114 Penn St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-14-1882

7. AGE: YEARS 55 | MONTHS 2 | DAYS 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Yard Man
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Samuel Ricketts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Frances Ellen Ricketts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Lina Cleaveney Fayette, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Removal DATE 8-2 1939

19. FUNERAL DIRECTOR (NAME) Melody McKilly
(ADDRESS) K.C. Mo.

20. FILED Dec. 31, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1938, to 12-30, 1938
I last saw him alive on 12-30, 1938 Death is said to have occurred on the date stated above, at 8:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	5d

Other contributory causes of importance:
Compound cellulitis
Edema of glottis

Name of operation Incision & Drainage rt. Date of 12-19-38
What test confirmed diagnosis? Path & Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. S. De Mana, M. D.
(Address) 5 Wt. KCgen Hosp KC Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH INKPAD. THIS IS A PERMANENT RECORD

I X14025

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.