

SEP 1 1939

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

29438
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 413
 (b) Township MERRAL Primary Registration District No. 4245 Registered No. 46
 (c) City Donny (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Floyd S Ritter

(a) Residence, No. O. R. O. N. O. G. O. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED? HUSBAND OF Lay Ritter (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12, 1896

7. AGE YEARS 42 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____ (PLUMBER).
 9. Industry or business in which work was done, as saw mill, bank, etc. Plumber
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Joplin (STATE OR COUNTRY) Missouri

FATHER 13. NAME Haring Ritter 14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Laura Burrow 16. BIRTHPLACE (CITY OR TOWN) Oklahoma (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Miss Lay Ritter
Donny, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Donny Cem DATE Aug 22, 1939

19. FUNERAL DIRECTOR (NAME) Walt City (ADDRESS) Walt City, Mo

20. FILED AUG. 22. 39 J. L. Fitchett m. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1939, to Aug 21, 1939
 I last saw him alive on Aug 20, 1939. Death is said to have occurred on the date stated above, at at home.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
105

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____ NO
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ NO
 If so, specify _____
 (Signed) W. T. Gregory D. O. M. D.
Walt City, Mo
 377 (Address) _____

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.

RECEIVED FILED STATE OFFICE
IN INDEX CARD RETURNED TO DISTRICT
DATE 8/25/39

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 myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 3,922
P. O. Address West City, 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, above space should be left blank.