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

36162
Do not use this space.

REC'D NOV 9 1939

1. PLACE OF DEATH

(a) County Grundy — Registration District No. 326

(b) Township Franklin — Primary Registration District No. 5456 — Registered No. 12

(c) City ..... (d) Street No. ..... 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 Joseph Franklin Ricketts

(a) Residence, No. Grundy Co. Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	6	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Grundy Co. Mo. 0 1

FATHER
13. NAME Thomas Ricketts 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virgina

MOTHER
15. MAIDEN NAME Caroline Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John Ricketts S pickard Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S outh Evans Cem. DATE Oct. 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. E. Schooler Spickard Mo.

20. FILED Oct 5 1939 Mrs Wilbur Vaughn
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939, to Oct 3, 1939
I last saw ~~him~~ alive on Oct 2, 1939 Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency & Pulmonary Congestion	1938

Other contributory causes of importance: 920

Name of operation none Date of —
What test confirmed diagnosis? — 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? no
If so, specify —
(Signed) C. E. McClanahan M. D.
(Address) Spickard Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED
District Health Officer No. 11
District File Number 1139-1450
Date Filed NOV 7 1939

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, Ross Wise, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Ross Wise

Licensed Embalmer No. 8771

P. O. Address Lockwood 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.