

DEC 11 1939

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

39015
Do not use this space.

1. PLACE OF DEATH
Buchanan

(a) County Buchanan / Registration District No. 85

(b) Township / Primary Registration District No. 1001

(c) City St. Joseph / (d) Street No. / St. Joseph, Hospital Registered No. 1147

(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Ritz

(a) Residence, No. 415 Measania St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 -1857

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
82	5 Mos.	29	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1939 Oct 15-39 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brethel Co Kentucky

13. NAME Martin Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brethel Co Kentucky

15. MAIDEN NAME Almeta Vires

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brethel Co Kentucky

17. INFORMANT Mrs Lura Burjo (ADDRESS) St. Joseph, Mo., 415 Measania St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE NOV 7-1939

19. FUNERAL DIRECTOR (NAME) Fleeman & Son Inc (ADDRESS) St. Joseph, Mo.,

20. FILED Nov 6 39 A. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5th. 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 20-39 to Nov 5-1939

I last saw her alive on Nov 5-1939. Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

Septemia
Chronic Nephritis (Uremia)

Date of onset Oct 17-39

Other contributory causes of importance:
Diabetes
Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) T. P. [Signature] M. D.
(Address) [Address]

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.

MARGIN RESERVED FOR BINDING

50M-1-12-38

AUG 1 1947

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..... *C. H. Swan*

Licensed Embalmer No. *9083*

P. O. Address *St Joseph 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.