

FILED FEB 13 1940

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

2705

Do not use this space.

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
 (b) Township GALENA Primary Registration District No. 2007 Registered No. _____
 (c) City JOPLIN (d) Street No. 1818 Sergeant 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 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GEORGE HENRY RITTER 3/12
 (a) Residence, No. 1818 SERGEANT AVE 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 M 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 13 1862

7. AGE YEARS 77 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BURIAL VAULT
 9. Industry or business in which work was done, as saw mill, bank, etc. MFG.
 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) SPRINGFIELD MO13. NAME NICHOLAS RITTER 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO15. MAIDEN NAME HAGGERDORN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT (ADDRESS) William Ritter Joplin, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE WA HOPE DATE JAN 11 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed J Jones Joplin, Mo20. FILED 1-11-40 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1940

22. I HEREBY CERTIFY That I attended deceased from 7:00 15 1940 to Jan 10 1940
 I last saw him alive on Dec 10 1940 Death is said to have occurred on the date stated above, at 1 A. m.

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

Chronic cardiac insufficiency
as follows

Other contributory causes of importance:

Hypertensive pneumonia

Name of operation _____ Date of _____

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? _____

If so, specify _____

(Signed) Edward J. Jones D.O.(Address) Joplin, Mo

RECEIVED

District Health Officer No. 6,

District File Number 240-550

Date Filed FEB 15 1940

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. 2142

P. O. Address Joplin, 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.