

FEB 15 1940

Registration District No. 564

Primary Registration District No. 5758

1. PLACE OF DEATH:

(a) County MILLER  
(b) City or town FUSCUMBIA, Equality of  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
COUNTY POOR FARM 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 MONTHS (Specify whether years, months or days)

3. (a) PRINT FULL NAME NETTIE B. RITZ

3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CLARA SHANE 6. (c) Age of husband or wife if Common in Law HUSBAND years

7. Birth date of deceased APRIL 10 1871  
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fran - Record at Eldon

(b) Address Fuscumbia Mo.

17. (a) BURIAL (b) Date thereof 12 29 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELDON MO

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon Mo. 1109

19. (a) Feb. 12, 1940 (b) L. M. Starn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller  
(c) City or town 0 (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC 27 day 1939  
year hour 5 PM minute M.

21. I hereby certify that I attended the deceased from 1937, 1938, to DEC 27, 1939; that I last saw her alive on DEC 27, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 4 days

Due to Fatty Infiltration of heart  
Due to infiltration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93C

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature A. F. Burkholder (M. D. or other) MD

Address Eldon Mo Date signed

SEE OPPOSITE BECK FOR MAKE 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.

1 X1931

RECEIVED

Miller County Health Dep't.

County File Number 5-40

Date Filed 2-13-40

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.....

Louis D. Phillips Registered Apprentice No.....  
working under my personal supervision.

Signed

Louis D. Phillips  
Licensed Embalmer No. 3663

P. O. Address Edon

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.