

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1941 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13461
State File No. 1442

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
(a) County. Jackson
(b) City or town. Kansas City
(c) Name of hospital or institution: 544 Denver
(d) Length of stay: In hospital or institution. 9 Years
In this community 9 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(d) Street No. 544 S. Denver
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME. CHARLES A. RITTER

20. DATE OF DEATH: Month 4-8-41 day 4-8-41

3. (b) If veteran, No (c) Social Security No. None

21. I hereby certify that I attended the deceased from 11:5 P. M. to 19:00

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Divorced

that I have seen him live on and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife. Josie 6. (c) Age of husband or wife if alive. years

Immediate cause of death.

7. Birth date of deceased. Oct. 13, 1872

Duration

8. AGE: Years 68 Months 5 Days 25 If less than one day hr. min.

Diagnosis: Hemorrhage of Mucosa Chronic interstitial myocarditis Coronary sclerosis

9. Birthplace. Wisconsin

Other conditions. (Include pregnancy within 3 months of death)

10. Usual occupation. None

Major findings: Of operations. Of autopsy.

11. Industry or business. None

PHYSICIAN

12. Name. George P. Ritter

13. Birthplace. Germany

14. Maiden name. Amy P. Ward

15. Birthplace. Vermont

16. (a) Informant. Mrs. Margaret Miles (b) Address. 544 Denver

17. (a) Burial (b) Date thereof. April 11, 1941 (c) Place: burial or cremation. Forest Hill

18. (a) Signature of funeral director. C. H. Blackman & Son, Inc. (b) Address. 2825 Independence Blvd. K. C. Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature. K. C. Miles (M. D. or other)
Address. K. C. Mo. Date signed.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
3
8

978

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..... *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *K. C. 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, fact should be so stated above.