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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18030

Registration District No. 400 Primary Registration District No. ~~55-53~~ 34235 Registrar's No. 95

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lees Summit (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 108 So Douglas (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 70 years

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County Jackson

(c) City or town Lees Summit (If outside city or town limits, write "RURAL")

(d) Street No. 108 So Douglas (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Josephine Hart Dark

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James A. Dark

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

7. Birth date of deceased Feb (Month) 14 (Day) 1857 (Year)

8. AGE: Years 84 Months 3 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Linn Co. (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Own Home

11. Industry or business Home

MOTHER FATHER

12. Name Henry Thompson Ritter

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

14. Maiden name Mary Martcia Black

15. Birthplace Boone Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant W. H. Dark

(b) Address Lees Summit Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director N. B. Langford

(b) Address Lees Summit Mo

19. (a) 5-21-41 (Date received local registrar) (b) Jesse G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1941 hour 9 minute 25 a.m.

21. I hereby certify that I attended the deceased from April 9 1941 to May 19 1941 that I last saw her alive on May 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration 1 year

Due to .....

Due to .....

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

Major findings: Of operations .....

Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Clint R. Miller (M. D. ~~or other~~)

Address Lees Summit Mo Date signed 5/19/41

(Licensed Embalmer's Statement on Reverse Side)

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. 3833

P. O. Address Kansas Summit 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.