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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17145
State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2005

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3703 Garner
(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 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3703 Garner
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John L. Ritter
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male D
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ritter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 29 1865 (Month) (Day) (Year)
8. AGE: Years 76 Months 9 Days 23 If less than one day hr. min.
9. Birthplace Cin. (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Farm Laborer
11. Industry or business
FATHER
12. Name Louis Ritter
13. Birthplace no Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Rowder
15. Birthplace no Record (City, town, or county) (State or foreign country)
16. (a) Informant Mary Ritter
(b) Address 3703 Garner
17. (a) Burial (Burial, cremation, or removal) (b) Date then May 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington
18. (a) Signature of funeral director Mrs. C.L. Foster
(b) Address 918 Brooklyn
19. (a) 5-23-42 (Date received local registrar) (b) R. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1942 hour 6 minute a.m.
21. I hereby certify that I attended the deceased from Jan 1 1931 to May 22 1942 that I last saw him alive on May 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary Infarct	1 day
Due to	
Gitor	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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 D
23. Signature Chas D Pilson (M. D. or other)
Address 3626 Indiana Ave Date signed 5-23-42

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(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 Denys C. Browning

Licensed Embalmer No. 2724

P. O. Address N. 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.