

FILED OCT 13 1942
167

Registration District No.

Primary Registration District No. 3608

Registrar's No. 48

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

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Holden, (Madison Twp)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
not hospitalized
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
 In this community two years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson 51
 (c) City or town Holden, Rural Route #2
(If outside city or town limits, write "RURAL")
 (d) Street No. one Mile South of Holden, Mo.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XX

3. (a) PRINT FULL NAME Julius W. Ritschel
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXXX years
 7. Birth date of deceased January 6 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	18hr.min.

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

10. Usual occupation Wholesale Meat Merchant

11. Industry or business Meat

12. Name Gus Ritschel

13. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schmidt

15. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant G. J. Ritschel

(b) Address 38th & Blue Ridge, K.C. Mo.

17. (a) Burial (b) Date thereof Sept 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) Sept. 26 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
 year 1942 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from none 19..... to 19.....
 that I last saw him ~~xxx~~ on Sept 25 19. 42
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Angina Pectoris
 Duration _____

Due to over-exertion from unloading logs from farm wagon
 Due to _____

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

Major findings: 61
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Edward J. Ritschel
 Address Holden Mo Date signed 9-25-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-9-42

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 _____

M J Canaday

Licensed Embalmer No. 34341

P. O. Address Holden 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30658
Registrar's No. 38

Registration District No. 167

Primary Registration District No. 5608

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julius W. Ritschel

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 27 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased: (Month) Jan (Day) 6 (Year) _____

8. AGE: Years 69 Months 8 Days no If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year) _____
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) (Mr. Frank Morris)
(Date received local registrar) (Registrar's signature)

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) _____

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

[Faint, illegible text covering the majority of the page, appearing to be a document or report.]

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