

FILED NOV 3 1942

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County CLAY

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

(c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY

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

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

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME LEWIS C. TRITT

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month OCT. day 20 year 1942 hour 7: minute 8. M.

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

6. (b) Name of husband or wife NANNIE SHEPHERD T TRITT 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased FEB. 12 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 28 1942, to Oct 20 1942 that I last saw him alive on Sept 15 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>8</u>	..... hr. .... min.

Immediate cause of death Chronic interstitial nephritis

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

Due to .....

Due to .....

10. Usual occupation FARMER

Other conditions (Include pregnancy within 3 months of death) 13/a

11. Industry or business GENERAL

Major findings: Of operations .....

12. Name FRANCES MARION TRITT

Of autopsy .....

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

Underline the cause to which death should be charged statistically.

14. Maiden name MARY FIDLER

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

16. (a) Informant MRS. L. C. TRITT

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

(b) Address LIBERTY? MO. R.F.D.

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

17. (a) BURIAL (b) Date thereof 10 21 '42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence .....

(c) Place: burial or cremation SMITHVILLE, MO.

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

18. (a) Signature of funeral director Melba Jones Funeral Home

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

(b) Address Smithville, Mo.

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

19. (a) Oct 24-1942 (b) Paul W. Henry  
(Date received local registrar) (Registrar's signature)

23. Signature J. F. ... (M. D. or other)

Address Smithville Mo Date signed 10-20-42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-6-42

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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 S. A. McComas,

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.