

13-40  
17-39  
K23159

Dr. C. E. King 40790

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 893

Registration District No. \_\_\_\_\_ Primary Registration District No. 2000

39  
2  
6

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

1. PLACE OF DEATH:  
 (a) County GREENE  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
988 N. Campbell  
(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 79 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene  
 (c) City or town Springfield,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 988 N. Campbell  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Josephine Martin Ritter  
 (b) If veteran, name war None  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 15th  
 year 1942 hour 4 minute A. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 (b) Name of husband or wife David M. Ritter  
 (c) Age of husband or wife if alive Deceased years  
 7. Birth date of deceased March 21, 1853  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 10, 1942, to Dec 15, 1942  
 that I last saw her alive on Dec 14, 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 8 Days 24  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Chronic interstitial nephritis  
arterio sclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Dallas, Texas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business In Home

Other conditions 13/a  
(Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 12. Name Joseph Martin  
 13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ethel R. Smith  
 (b) Address Springfield, Missouri  
 17. (a) Burial (b) Date thereof 12/16/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Clear Creek Cemetery  
 18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
 (b) Address Springfield, Missouri  
 19. (a) 12-14-42 (b) R. W. Haidley  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Robert Dayhous (M. D. or Other) \_\_\_\_\_  
 Address Springfield, Mo. Date signed 12-15-42

984 (Licensed Embalmer's Statement on Reverse Side)

617  
2003  
10/10/04

---

---

**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 *Wayne Hinkle*

Licensed Embalmer No. *3444*

P. O. Address *Springfield*

**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.**

X