

FILED MAY 5 1949 / 49

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1797

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:
1108 East 58th Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether

In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, ⁴⁸

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

(d) Street No. 1108 East 58th Street,
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Faye Ritterhoff,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Herbert L. Ritterhoff

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 17 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>9</u>	<u>27</u>	hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER {

12. Name E. L. Gilbert,

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

14. Maiden name Unknown,

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

16. (a) Informant Herbert L. Ritterhoff,

(b) Address 1108 E. 58th St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & Mc Clure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-16-43 (b) m. m. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1943 hour 6:30 minute 8. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him Deputy Coroner _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death C. of Right Breast.

Due to _____

Due to _____ 50

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Inspection & history

Duration _____

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) (a) Means of injury _____

23. Signature D. G. Glesner (M. D. or other) _____
Address 23rd McCar Date signed 4/19/43

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. 1415

P. O. Address

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.