S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21907

FILED JUL 12 1943

Registration District No. 488 Primary Registration District No. 5699 Registrar's No. 5

59
0
0

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Rural Fairview
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Div Co / Mo-
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 59
(a) State Mo- (b) County Livingston 0
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Div Co
(If rural, give location)
(e) Citizen of foreign country? No- (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Everett R Ricketts
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept- (Month) 28- (Day) 1925 (Year)

8. AGE: Years	Months	Days	If less than one day
17	8	15	— hr. — min.

9. Birthplace Chula (City, town, or county) Mo-0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Clarence Ricketts
13. Birthplace Grundy Co- (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Eva D Leoburn
15. Birthplace Div Co- (City, town, or county) Mo-0 (State or foreign country)
16. (a) Informant Clarence Ricketts
(b) Address Chillicothe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 (Month) 43 (Day) (Year)
(c) Place: burial or cremation Burnside Cem
18. (a) Signature of funeral director James D Gordon
(b) Address Chillicothe Mo
19. (a) June 17 1943 (Date received local registrar) (b) Mrs Van D. Fullerton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June- day 13th year 1943 hour 5 minute X M. P
21. I hereby certify that I attended the deceased from Nove ....., 19....., to none ....., 19.....
that I last saw him alive on May 18 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Drowned	
Due to Got out of a boat and stepped into hole	
Due to White boating on Grand River=	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

183 3
36

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) accident 059
(b) Date of occurrence 6-13-1943
(c) Where did injury occur? 8 miles South East Chillicothe (City or town) (County) (State) Mo
(d) Did injury occur in or about home on farm, in industrial place, in public place at edge of Grand River (Specify type of place)
While at work? X (e) Means of injury X Corner
23. Signature Reuben Barney (M. D. or other)
Address Chillicothe Mo Date signed 6-14-1943

1007 (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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Chillicothe 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.