

FILED JUN 17 1943

Registration District No. 260

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada - Washington Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp no 3. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 4 mo. 2 days
(Specify whether In this community same time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 108

(c) City or town Dayton 1
(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 Homer William Ritter

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 14 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

29 11 15 hr. min.

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

10. Usual occupation Farming

11. Industry or business Agriculture

12. Name John W. Ritter

13. Birthplace Nebraska 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Annis

15. Birthplace Arkansas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records
(b) Address Nevada

17. (a) Burial (b) Date thereof 5-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada Mo.

19. (a) 5-1-43 (b) Stojel B. Zewick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1943 hour 2.35 minute A. M.

21. I hereby certify that I attended the deceased from Feb 1 1943, to April 29 1943;
that I last saw him alive on April 28 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 13 1/2

Major findings: Of operations

Of autopsy home

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?

(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 0

23. Signature R.B. Pester M.D. (M. D. or other) 0
Address Nevada Mo. Date signed 4-29-43

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

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

MOTHER FATHER

1371

RECEIVED

District Health Officer No. 7;

District File Number 5-43-589

Date Filed 6-15-43

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. 1760

P. O. Address. Nevada 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.