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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29668

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 27 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114 0

(c) City or town Mansfield 0
(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 Thomas Bunyan Ritsinger

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife May Jenkins Ritsinger

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan (Month) 18 (Day) 1875 (Year)

8. AGE: Years 68 Months 6 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Lynchburg (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Minister

11. Industry or business .....

FATHER
12. Name Phillip Ritsinger
13. Birthplace ✓ (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Allen
15. Birthplace New Douglas (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant May Ritsinger
(b) Address Mansfield Mo

17. (a) Burial V (Burial, cremation, or removal) (b) Date thereof July 26 (Month) (Day) 1943 (Year)
(c) Place: burial or cremation Mansfield Cem.

18. (a) Signature of funeral director G. A. Steffe
(b) Address Mansfield Mo

19. (a) Aug. 1 1943 (Date received local registrar) (b) S. L. Hensley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July or May 1942 to July 22 1943 that I last saw him alive on July 21 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Melitus	Second yr
~~Due to~~ He had a limb amputated 4 or 5 mo ago	
Due to In Mo Baptist Hospital in St Louis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? .....
(Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature J. A. Fuson (M. D. or other)

Address Mansfield Date signed July 24 43

1219

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 843.951
Date Filed AUG 25 1943

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 F. A. Stiffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.