

FILED FEB 9 1944

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

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 393

1. PLACE OF DEATH:

(a) County St. Francois Co. Mo
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Esther
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John W. Wilham Ritter

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 Bachelor

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

7. Birth date of deceased Nov 12 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 19 If less than one day hr. _____ min. _____

9. Birthplace St. Francois Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Newton R. Ritter

13. Birthplace St. Francois Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Perdine Dunham

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Ritter

(b) Address Esther Mo

17. (a) Burial (b) Date thereof 1-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock View -

18. (a) Signature of funeral director Flot Burr

(b) Address Flot Burr - Mo

19. (a) JAN. 25, 1944 (b) Sydney B. Burmester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1944 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from April 1, 1943 19____ to January 1, 1944 19____
that I last saw him alive on January 1, 1944 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Intra Cranial pressure
pressure

Due to Ca of brain

Due to _____

Other conditions (Include pregnancy within 3 months of death) 54 lb

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

Signature M. J. ... (M. D. or other) _____

Address 408 2nd St. Est. Date signed 1-10-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 244-3323
Date Filed 2-7-44

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 *Everett Sparks*

Licensed Embalmer No. 4287

P. O. Address *Flat River*

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.