

Registration District No. _____ Primary Registration District No. **3000**

1. PLACE OF DEATH:

(a) County **Adair**

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

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

(d) Length of stay: In hospital or institution **3 years**
(Specify whether years, months or days)

In this community **Entire Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Clark 23**

(c) City or town **Wyanona**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Evelena Ritter**

3. (b) If veteran, name war. **-**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **Fourth**
year **1944** hour **4** minute **46 P.M.**

21. I hereby certify that I attended the deceased from **DEC. 15**, 19**44**, to **Feb 4**, 19**44**,
that I last saw her alive on **February 4**, 19**44**,
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased: **Sept 1 - 1866**
(Month) (Day) (Year)

Immediate cause of death **Acute myocardial failure**

8. AGE: Years **77** Months **5** Days **4**
If less than one day hr. _____ min. _____

Due to **bronchial pneumonia**

9. Birthplace **Clark Co. Mo**
(City, town or county) (State or foreign country)

10. Usual occupation **Retired Housewife**

Other conditions **107**
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name **Jack Mathena**

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

14. Maiden name **Laura M. Clark**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **W.E. Mathena**
(b) Address **Wyanona**

17. (a) **Burial** (b) Date thereof **File 6-4-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blair Park**

18. (a) Signature of funeral director **Walter R. ...**
(b) Address **Memphis Mo**

19. (a) **2/8/44** (b) **Mrs. J. Duquesne**
(Date received local registrar) (Registrar's signature)

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? **2**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Walter R. ...** (Date of other) _____
Address **Community Nursing Home** Date signed **2-4-44**

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

RECEIVED

District Health Officer No. 10

District File Number 3-44-571

Date Filed MAR 8 1944

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 Fred G. A.

Licensed Embalmer No. 4256

P. O. Address Memphis

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.