

S. No. 2
M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31163**
Registrar's No. **466**

FILED OCT 13 1944

Registration District No. **56** Primary Registration District No. **2-0-0-1-3 581**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Rural, Galena township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 1
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **50 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 49**
(c) City or town **Rural 0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **R.F.D. # 1, Joplin**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **1)**

3. (a) PRINT FULL NAME **John Edward 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 **married**
6. (b) Name of husband or wife **Bessie Ritter** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 9, 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 15 hr. min.

9. Birthplace **Crawford county Kansas 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Abe Ritter** 9
13. Birthplace **not known** (City, town, or county) (State or foreign country)
14. Maiden name **Sarah Kennedy** (State or foreign country)
15. Birthplace **Illinois 1** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bessie Ritter**

(b) Address **R.F.D. # 1, Joplin, Missouri**

17. (a) **burial** (b) Date thereof **9/27/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park Cemetery**

18. (a) Signature of funeral director **PARKER-HUNSAKER**

(b) Address **1502 Joplin, Joplin, Missouri**

19. (a) **9-27-44** (b) **Gertrude Sudhalter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **24**
year **1944** hour **7** minute **20** P. M.

21. I hereby certify that I attended the deceased from **September 24, 1944** to **September 24, 1944**
that I last saw him alive on **September 24, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac & Respiratory Failure
Due to **Cerebral Hemorrhage**
Due to **High Blood Pressure**

Other conditions (Include pregnancy within 3 months of death) **83a!**

Major findings: Of operations _____ Of autopsy _____

Duration _____
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? _____

While at work? (Specify type of place) _____ (e) Means of injury **2**

23. Signature **Red Smith** (M. D. or other) **MD.**
Address **3217 Pearl St Joplin Mo** Date signed **Sept 25 1944**

1204 (Licensed Embalmer's Statement on Reverse Side)

44-10-810

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. M. Jones.....

Licensed Embalmer No. 2319.....

P. O. Address Joplin 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.