

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 P. 1 X36671

State File No. **3167**  
 Registrar's No. **6**

FILED FEB 6 1945

Registration District No. **294**

Primary Registration District No. **3056**

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

**1. PLACE OF DEATH:**

(a) County **Randolph**  
 (b) City or town **Moberly**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **McCormick Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Randolph**  
 (c) City or town **Moberly**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **608 Gilman**  
(If rural, give location)  
 (e) Citizen of foreign country? **0-2** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Everett Tritch**

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 **Emma Tritch** alive \_\_\_\_\_ years

7. Birth date of deceased: **Feb 11<sup>th</sup> 1872**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>72</b>	<b>10</b>	<b>24</b>	hr. _____ min. _____

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation **Int. Decorator**

11. Industry or business **Self**

12. Name **Napoleon Tritch**

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name **Ophelia Bagby**

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Everett Tritch**  
 (b) Address **Moberly Mo**

17. (a) **Burial** (b) Date thereof **Jan 7<sup>th</sup> 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Mo**

18. (a) Signature of funeral director **Mahan and Son**  
 (b) Address **Moberly Mo**

19. (a) **1-7-45** (b) **Emma Kava**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec** day **5<sup>th</sup>**  
 year **1945** hour **8** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Jan 7<sup>th</sup> 1945** to **Jan 6<sup>th</sup> 1945**  
 that I last saw him alive on **Jan 6<sup>th</sup> 1945**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory paralysis**  
 Due to **anesthetic ether**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration **few minutes**

**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)  
 (y) Means of injury **0**

23. Signature **J. L. McCormick** (M. D. or other) **MD**  
 Address **Moberly Mo** Date signed **1-6-45**

1034

FEB 8 1945

RECEIVED  
District Health Officer No. 10  
District File Number 2-45-216  
Date Filed FEB 5 1945

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 Frank B. De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.