

S. No. 2  
M-8-43  
7-5-17-39  
X37823

27564 ✓

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 112

Registration District No. 150 Primary Registration District No. 5572

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Rural Prairie View  
(c) Name of hospital or institution Jackson County Eng. Hospital  
(d) Length of stay: In hospital or institution 3 mo 12 days  
In this community 76 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Hickman Mills  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Arthur S. Ritter  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 27<sup>th</sup>  
year 1945 hour 11 minute 00 A.M.  
21. I hereby certify that I attended the deceased from May 15 - 1945 to Aug 27 - 1945  
that I last saw him alive on 8-27-45 and that death occurred on the date and hour stated above.

4. Sex Male 0  
5. Color or race wh.  
6. (a) Single, widowed, married, divorced, Div.?  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death  
Cerebral Anemia  
Duration \_\_\_\_\_

7. Birth date of deceased Dec. 12 1866  
8. AGE: Years 78 Months 11 Days 3

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace \_\_\_\_\_  
10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
16. (a) Informant Leonard J. C. Howe  
(b) Address R.F. #1 Hickman Mills, Mo.  
17. (a) Burial (b) Date thereof 8-29-45  
(c) Place: burial or cremation Woods Chapel  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) Aug 29 1945 (b) F.M. Schelley M.D.

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? \_\_\_\_\_  
(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 \_\_\_\_\_  
23. Signature of J.W. Tuttle (M. D. or other)  
Address Blue Springs Mo. Date signed 8/28/45

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

18  
0  
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**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 E. Clark Fegert

Licensed Embalmer No. 3983

P. O. Address.....

**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.**