S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33235

FILED NOV 10 1945

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1193

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 26 Days (Specify whether years, months or days)
In this community: 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: S 11th St Road R 5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Orville M. 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: Gertrude
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: April (Month) 15 (Day) 1883 (Year)
8. AGE: Years 62 Months 6 Days 20 If less than one day hr. min.
9. Birthplace: Nauvoo (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Mechanic
11. Industry or business:
MOTHER FATHER
12. Name: George H Ritter
13. Birthplace: (City, town, or county) Ill. (State or foreign country)
14. Maiden name: Un Known
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Gertrude Ritter
(b) Address: St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cem.
18. (a) Signature of funeral director: Fleeman & Son Inc
(b) Address: St Joseph, Mo.
19. (a) 11-9-1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1945 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct 10, 1945 to Nov 5, 1945 that I last saw him alive on Nov 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic endocarditis — Duration
Interstitial Nephritis
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] M.D. (M. D. or other)
Address: 823 Faraon St. Date signed: 11-5-45

142g (Licensed Embalmer's Statement on Reverse Side)

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: Robert K. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.