

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JAN 14 1946

Registration District No. 128 Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1430 N. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether
In this community 21 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1430 N. Robberson 6
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Carole Catherine Ricketts

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1945 hour 9 minute 45a. M.

21. I hereby certify that I attended the deceased from
6-19, 1945 to 12-17, 1945
that I last saw h.R. alive on 12-17, 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hugh W. Ricketts

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased March 31, 1924
(Month) (Day) (Year)

Immediate cause of death
Pulmonary tuberculosis
with tuberculous meningitis
and tuberculous enteritis

Duration 15 Mo

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>21</u>	<u>8</u>	<u>16</u>	hr. min.

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

12. Name Chas. Chamberlain

13. Birthplace unk Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Valentine Maurin

15. Birthplace unk Frances
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Hugh W. Ricketts

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof. 12-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Mary

While at work? (Specify type of place)

(c) Means of injury

23. Signature E. E. Glenn (M. D. or other)
Address Springfield, Mo. Date signed 12/18/45

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-18-45 (b) E. W. Handley
(Date received local registrar) (Registrar's signature)

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

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 L. Darwin Gorman

Licensed Embalmer No. 3177

P. O. Address Apfd Bnd

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.

4