

Registration District No. 157

Primary Registration District No. 5585

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural Madison township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Reeds Route #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural Madison Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1 Reeds, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Charles Henderson RITCHIE

20. DATE OF DEATH: Month August day 7th.
year 1946 hour 6 minute _____ P.M.

3. (b) If veteran, name war No 3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from Oct 10 1946 to Aug 7 1946
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis Duration _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Taylor RITCHIE 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May 24 1858
(Month) (Day) (Year)

Due to Brought disease

8. AGE: Years 88 Months 2 Days 13 If less than one day hr. _____ min. _____

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

9. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name James F. RITCHIE
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Nancy CLARK
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Taylor RITCHIE

(b) Address Route #1 Reeds, Mo.

17. (a) Burial (b) Date thereof 8 9 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill - Carthage, Mo.

18. (a) Signature of funeral director Ed. C. Ulmer.

(b) Address Carthage, Mo.

19. (a) 8-9-46 (b) L.B. Clinton
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed [Date]

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

46-8-703

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..... *Gene P. Dugh.*

Licensed Embalmer No. *4231*

P. O. Address..... *Cartage, 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.