

FILED APR 11 1947

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 32

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

1. PLACE OF DEATH: Clay

(a) County Clay

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

(c) Name of hospital or institution: Mitchell Clinic  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months  
(Specify whether \_\_\_\_\_)

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

3. (a) PRINT FULL NAME Ray E. Litsch

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Fannie L. Litsch

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

7. Birth date of deceased Feb. 28, 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>0</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Package liquor store

MOTHER FATHER

12. Name Paul Litsch

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

14. Maiden name Augusta Peterman

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

16. (a) Informant Eugene R. Litsch

(b) Address R.F.D. Jonesburg, Mo.

17. (a) Burial (b) Date thereof 3-6-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 3/10/47 (b) Caroline Hedberg  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1947 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 28-44 1947 to 3/4 1947

that I last saw him alive on 3/4 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio Vasculera Renal Condition Duration 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gnd

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

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) \_\_\_\_\_ Means of injury 2

23. Signature O. J. White (M.D. or other) DO  
Address Excelsior Springs, Mo. Date signed 3/4/47

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-10-47

OCT 13 1947

JUL 3 1947

OCT 13 1947

OCT 13 1947

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 Albert E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.