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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8760

Registration District No. 132 — Primary Registration District No. 5440 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 2 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 65
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Grundy 40
(c) City or town: Trenton Rural 8
(If outside city or town limits, write "RURAL")
(d) Street No.: Route # 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Otto Ellice Ritcherson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Nov. (Month) 27 (Day) 1881 (Year)

8. AGE: Years 65 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace: Grundy (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Alpheus Ritcherson
13. Birthplace: Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Louisa Pate
15. Birthplace: Andrew Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. Joe Whitney
(b) Address: Route # 2 Trenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Odd Fellows

18. (a) Signature of funeral director: Chas. Pejnoch
(b) Address: Trenton, Mo.

19. (a) Jan 22 47 (Date received local registrar) (b) Irene Dair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1947 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 18 1947, 19..., to Jan 20, 1947, that I last saw him alive on Jan 20, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Uremia Regurgitation — 3 hr.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: DJB

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: 0

23. Signature: [illegible] (M. D. or other)
Address: Trenton Mo Date signed 1-22-47

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by [redacted] Donald H. Slater, Registered Apprentice No. 422, working under my personal supervision.

Signed Maurice Oyler

Licensed Embalmer No. 4442

P. O. Address Trenton, 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.