

No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
2000

State File No. 27336
Registrar's No. 668

Registration District No. 128 Primary Registration District No. 2000

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

1. PLACE OF DEATH: GREENE
(a) County: Springfield
(b) City or town: Springfield
(c) Name of hospital or institution: St Johns Hospital
(d) Length of stay: In hospital or institution: 30 Minits
In this community: I Year.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Rural-Springfield
(d) Street No.: Rt. #4
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME: Gladys Fern Ritchie Dent.
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26 year 1947 hour 3 minute 50 P.M.
21. I hereby certify that I attended the deceased from July 1945 to July 26 1947
that I last saw him alive on July 20 1947
and that death occurred on the date and hour stated above.
Immediate cause of death: Respiratory failure

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (c) Age of husband or wife if alive: APPROX 50 years
7. Birth date of deceased: February 25 1901

8. AGE: Years 46 Months 5 Days I
If less than one day hr. min.

9. Birthplace: ~~Willis Co, Illinois~~ Cherokee, Iowa

10. Usual occupation: House wife

11. Industry or business:
12. Name: Francis D. Ritchie
13. Birthplace: Willis Co, Illinois
14. Maiden name: Gertrude Glow.
15. Birthplace: Willis Co, Illinois

16. (a) Informant: Hazel Ryan
(b) Address: Rocky Ford Colorado.
17. (a) Removal (b) Date thereof: July 29, 1947
(c) Place: burial or cremation: Rocky Ford, Colorado.

18. (a) Signature of funeral director: Fred O. Thoms
(b) Address: Springfield, Mo.
19. (a) 7-28-47 (b) W. Handy MD

Due to: Generalized Metastatic Carcinoma
Due to: Primary Carcinoma Left breast
Other conditions: 50
Major findings: Carcinoma Left breast
Of operations: Operated July 1945 -
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature: J. C. Serrell (M. D. or other) _____
Address: Springfield Mo. Date signed: 7-26-47

(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..... *Fred C. Thieme*

..... Licensed Embalmer No. *2899*

..... P. O. Address: *Springfield, 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.