

FILED OCT 14 1947

Registration District No. **7** Primary Registration District No. **4124**

1. PLACE OF DEATH:

(a) County **Clark**  
(b) City or town **Kahoka**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

**David H. Rittenhouse**

3. (b) If veteran, name war **L**

3. (c) Social Security No. **✓**

4. Sex **M.**

5. Color or race **W.**

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

6. (b) Name of husband or wife **Floa Belle Moss**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **July 25 1867**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **1** Days **24**  
If less than one day hr. min.

9. Birthplace **Clark Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Joseph Rittenhouse**

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

14. Maiden name **Anna Shoemaker**

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

16. (a) Informant **Mrs Floa Belle Rittenhouse**

(b) Address **Kahoka Mo.**

17. (a) **Burial** (b) Date thereof **9-21-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kahoka Cemetery**

18. (a) Signature of funeral director **Fred Garland**

(b) Address **Kahoka Mo.**

19. (a) **Oct 6 - 47** (b) **J. C. Bridges**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clark 23**  
(c) City or town **Kahoka**  
(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 **Sept** day **19th**  
year **1947** hour **11** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **6-17-1947** to **9-19-1947**  
that I last saw h. **in** alive on **9-19-1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL HEMORRHAGE**

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **J. C. Bridges**  
Of autopsy \_\_\_\_\_

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 **2**

23. Signature **J. C. Bridges** (M. D. or other)  
Address **Kahoka Mo.** Date signed **9-20-47**

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

0/3

RECEIVED  
District Health Officer No. 10  
District File Number 10-47-1396  
Date Filed 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 J. J. Karle  
Licensed Embalmer No. 1023  
P. O. Address Kahoka 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.