. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33908

FILED OCT 24 1947

Registration District No. 55 Primary Registration District No. 5200 Registrar's No. 233

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Wakenda
(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 Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Carroll 17
(c) City or town Wakenda 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JACOB HENRY RITZINGER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Holmes
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased March (Month) 9 (Day) 1892 (Year)

8. AGE: Years 55 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Carroll County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Phillip Ritzinger
13. Birthplace (City, town, or county) Germany (State or foreign country) /
MOTHER
14. Maiden name Mary E. Allen
15. Birthplace (City, town, or county) Illinois (State or foreign country) /
16. (a) Informant Mrs. Marie Ritzinger
(b) Address Wakenda, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cem.
18. (a) Signature of funeral director Standley & Gibson
(b) Address Carrollton, Mo.
19. (a) 9/8/47 (Date received local registrar) (b) Mrs Herbert Calvert (Registrar's signature) 45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6th year 1947 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug 10 1937 to Sept 6 1947 that I last saw him alive on Sept 5 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis of the pelvic girdle	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature R. Hamilton Staton M.D. or other
Address Carrollton, Mo Date signed Sept 8 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
strict Health Officer No. 8,
strict File Number
Date Filed 10-23-47

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.