

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

1. PLACE OF DEATH:
(a) County MORGAN
(b) City or town PURPAN LAUREL CREEK Twp.
(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 WIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MORGAN
(c) City or town PURPAN
(If outside city or town limits, write "RURAL")
(d) Street No. 8 MILES SW 2 OF VERSAILLES
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN SALMON RITCHIE
(b) If veteran, name war ✓
(c) Social Security No. 499-10-3984

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 17 year 1947 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from Dec 17 1947 to Dec 17 1947
that I last saw him alive on Dec 17 1947 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GERTRUDE RITCHIE 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased: JAN. 10 1886
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 2 1/2 hrs

8. AGE: Years 61 Months 11 Days 7 If less than one day _____ hr. _____ min.

Due to Unknown
Due to _____

9. Birthplace CLINTON MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER, FATHER { 12. Name LEONARD RITCHIE
13. Birthplace UNK. KNOWN
(City, town, or county) (State or foreign country)
14. Maiden name MATILDA WHITE
15. Birthplace UNK. KNOWN
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy SA
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. JOAN RITCHIE

(b) Address VERSAILLES MO.

17. (a) BURIAL (b) Date thereof 12-21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RITCHIE CEM.

18. (a) Signature of funeral director J. L. Stevenson
(b) Address Stover Mo.

19. (a) Dec. 26th 1947 (b) Wm. E. Ripberger
(Date received local registrar) (Registrar's signature)

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? 0
(Specify type of place) (e) Means of injury _____
23. Signature J. Washburn (M: D. or other) MD
Address Versailles Mo. Date signed 17/19/47

RECEIVED
DISTRICT HEALTH OFFICER No. 7,
11-17-1947
DISTRICT HEALTH OFFICER
13-29-47
Date filed

JAN 12 1948

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. L. Stevenson
Licensed Embalmer No. 4073
P. O. Address Stover 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.