No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43919

Registration District No. 323 Primary Registration District No. 6096 Registrar's No. 111

1. PLACE OF DEATH:
(a) County Schuyler Glenwood
(b) City or town Rural ~~Lancaster~~
(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)

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

3. (a) PRINT FULL NAME Amelia Lucinda Ritter
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry Ritter
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased August (Month) 25 (Day) 1881 (Year)

8. AGE: Years 66 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Clark (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name John Nicholas
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Wanforth
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Ross Ritter
(b) Address Lancaster, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Kahoka Cemetery
18. (a) Signature of funeral director Purcell Fenton
(b) Address Lancaster Mo.
19. (a) Dec. 23/47 (Date received local registrar) (b) Mrs. A. J. Drake (Registrar's signature) 353

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th
year 1947 hour 10 minute 37 A. M.
21. I hereby certify that I attended the deceased from Dec 1- 1947, 19..., to Dec 16th, 1947
that I last saw her alive on Dec 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism
Due to Pneumonia, lobar
Due to Colonization of Pneumococcus in lungs
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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, or farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature [signature] (M. D. or other) D.O.
Address Lancaster Mo. Date signed 12/17/47

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

RECEIVED
District Health Officer No. 1
District File Number 12-47-18
Date Filed DEC 31 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~~ Purcell Fenton, Registered Apprentice No. ....., working under my personal supervision.

Signed Purcell Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.