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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948
R. D. Wray

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7590

Registration District No. 360 — Primary Registration District No. 3076 — Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1211 N. Colorado St. (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 Mo (b) County Vernon 108
(c) City or town Nevada 1 (If outside city or town limits, write "RURAL")
(d) Street No. 1211 N. Colorado St. 2 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Ritchey
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Minnie Ritchey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 19, 1874 (Month) (Day) (Year)

8. AGE: Years 73 | Months 0 | Days 5 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Kans. 1 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Lum Ritchey 9
13. Birthplace unknown (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Mary E. James 9
15. Birthplace unknown (City, town, or county) 1 (State or foreign country)
16. (a) Informant Etta Mae Shambach
(b) Address Nevada, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elks Cemetery
18. (a) Signature of funeral director Eichinger Fun. Home
(b) Address Nevada, Mo
19. (a) 2-7-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 2-11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24th year 1948 hour 2 minute a M.
21. I hereby certify that I attended the deceased from Jan 21 1948, to Jan 24 1948; that I last saw him alive on 23 Jan 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, acute Lobar, Rt Sp	3 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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
23. Signature Rolla B. Wray M.D. (M. D. or other)
Address Nevada Mo Date signed 1-28-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-48-62
Date Filed 2-16-48

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 Martin Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.