

1. PLACE OF DEATH:

(a) County Carroll County
(b) City or town Hale Missouri
(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 Carroll
(c) City or town Hale Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JENNIE G. RITZINGER

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 Robert Ritzinger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 24 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Meadville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER

12. Name George W. Bowen

13. Birthplace St. Clair Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Maggie R

15. Birthplace Madras Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Ritzinger

(b) Address Hale Missouri

17. (a) Burial (b) Date thereof 7/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hale Mo July 8 - 1948

18. (a) Signature of funeral director Frank E. Slater

(b) Address Hale Missouri

19. (a) 7-10-48 (Date received local registrar) Ray Rex Henderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1948 hour 89 minute 10 P.M.
21. I hereby certify that I attended the deceased from June 15, 1947 to July 5, 1948
that I last saw her alive on July 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach Duration 4 years

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 4-6 B Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature Dr. A. A. Welch 2nd (M. D. or other) DO.
Address Hale, Mo Date signed 7-7-48

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

2804

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 7-13-48

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, _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed S. L. Lipard

Licensed Embalmer No. 3970

P. O. Address Mendon M

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.

MAILED 11 1948