

Registration District No. **14**

Primary Registration District No. **4028**

Registrar's No. **8**

1. PLACE OF DEATH:
(a) County **Barton**
(b) City or town **Liberal**
(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 **79 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Barton**
(c) City or town **Liberal**
(If outside city or town limits, write "RURAL")
(d) Street No. **8** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **CHARLES WESLEY RICKETTS**
(b) If veteran, name war **XXX** (c) Social Security No. **XXX**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **25**
year **1948** hour **11** minute **50** A.M.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Martha Jane Ricketts** 6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **Oct 21 September 23 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1/31 1948** to **4/25 1948**
that I last saw him alive on **4/25 1948**
and that death occurred on the date and hour stated above.

8. AGE: Years **82** Months **6** Days **4** If less than one day hr. min.

Immediate cause of death **Uremic poisoning**
Due to **apoplexy**
Due to

9. Birthplace: **Danville, Indiana**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Due to

10. Usual occupation **Farmer-Retired**
11. Industry or business
12. Name **Isaac Ricketts**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Chazen**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

Major findings: **None**
Of operations **f30**
Of autopsy **0**

16. (a) Informant **Mrs. Martha J. Ricketts**
(b) Address **Liberal, Missouri**
17. (a) Burial (b) Date thereof **Apr 28 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **0**
(b) Date of occurrence **0**
(c) Where did injury occur? **0**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

(c) Place: burial or cremation **Worsley Cemetery**
18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**
(b) Address **Lamar, Missouri**
19. (a) April 29 48 (b) **Holman Liberty**
(Date received local registrar) (Registrar's signature)

While at work? **0** (Specify type of place) (c) Means of injury **0**
23. Signature **A. G. Eddleman** (M. D. or other)
Address **Liberal, Mo** Date signed **4/26/48**

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 748-798

Date Filed JUL 15 1945

APR 7 1954

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 Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address: Lamar, Missouri

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.