

FILED AUG 27 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27104

Registration District No. 228

Primary Registration District No. 5808

Registrar's No. 14

1. PLACE OF DEATH:

(a) County: Montgomery

(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME: EDWARD H RITSCHARD

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ms E. F. Ritschard

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: June 4 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace: Bern Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER { 12. Name: unknown

13. Birthplace: unknown
(City, town, or county) (State or foreign country)

14. Maiden name: unknown

15. Birthplace: unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Ms E. F. Ritschard

(b) Address: New Florence Mo

17. (a) Burial (b) Date thereof: Aug 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Funerary Co. A. Harberg

18. (a) Signature of funeral director: Funerary Co. A. Harberg

(b) Address: _____

19. (a) 8-23-48 (b) Ms Mary Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Montgomery

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 3 Mile north of New Florence
(If rural, give location)

(e) If foreign born, how long in U. S. A.: _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 12
year 1948 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 3, 1941, to Aug 16, 1948, that I last saw him alive on Aug - 14, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: BRONCHIAL PNEUMONIA

Due to: Carcinoma of prostate

Due to: Chronic Myocarditis

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

Major findings: Of operations: _____

Of autopsy: no. 51B

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)

(c) Means of injury: _____

23. Signature: James O. Helm (M. D. or other)

Address: New Florence Mo Date signed: 8-17-48

Duration: 3 days

Physician: _____

Underline the cause to which death should be charged statistically.

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

Roschard

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed AUG 27 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 Carl A. Harding
Licensed Embalmer No. 4115
P. O. Address Connington, 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.