No. 300
-10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1948

Registration District No. 137

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 33241

Primary Registration District No. 3028

Registrar's No. 227

**1. PLACE OF DEATH:**

(a) County: Jasper

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

(c) Name of hospital or institution: 523 W. Mound St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 18 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: 523 W. Mound
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: None

3. (a) PRINT FULL NAME: Madeline Mary RITCHIE

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: W. J. Ritchie

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: December (Month) 1, (Day) 1910 (Year)

8. AGE: Years 37 Months 10 Days 8 If less than one day hr. min.

9. Birthplace: Sarcoxie, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: None

MOTHER FATHER

12. Name: Robert Holland

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

14. Maiden name: Daisy Swindle

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

16. (a) Informant: Mr. W. J. Ritchie

(b) Address: 523 W. Mound Carthage, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Harvey Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer

(b) Address: Carthage, Mo.

19. (a) 10/12/48 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 9th. year 1948 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 17, 1947, to Oct 9, 1948, that I last saw her alive on Oct 9, 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cancer of breast with multiple metastases | 1yr |
| Due to: | |
| Due to: | |
| Other conditions: no (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: Radical breast removal Nov 29, 1947
Of autopsy: none

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: George H. Wood (M. D.)

Address: Carthage Mo Date signed: Oct 11, '48

(Licensed Embalmer's Statement on Reverse Side)

48-10-869

## 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 John S. Dennehy

John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address Carthage, 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.**