

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33981**
 Registrar's No. **4352**

BIRTH NO. **65163-49** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay		
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 4-DAYS	c. CITY OR TOWN North Kansas City		d. STREET ADDRESS (If rural, give location) Route 10
d. FULL NAME OF HOSPITAL OR INSTITUTION: Trinity Lutheran Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Randy		b. (Middle) Bradford	c. (Last) Ritter	4. DATE OF DEATH (Month) (Day) (Year) 10 10 49	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 10-6-49	9. AGE (In years last birthday) 9	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
11. BIRTHPLACE (State or foreign country) KANSAS CITY Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Recil Wesley Ritter Jr.		13b. MOTHER'S MAIDEN NAME Marjorie Bess Hart		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Carl W. Selley		ADDRESS Rt #10 North Kansas City, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia newborn			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		7630		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-6-1949 , to 10/10/1949 , that I last saw the deceased alive on 10-10-1949 , and that death occurred at 159 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE J. J. Farnsworth (Degree or title)			23b. ADDRESS 1103 Grand Kemo		23c. DATE SIGNED 10/11/49
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE Oct-11-1949	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG. 10-11-49	REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~not~~ embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed *D. D. Pflinger*.....

Licensed Embalmer No. *13938*.....

P. O. Address *Janss City*.....

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.