

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6241**

No. 300  
10-48

**FILED MAR 13 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1146

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>53 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2530 Euclid</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>			

<b>3. NAME OF DECEASED</b> a. (First) <u>Emma</u>		b. (Middle) _____		c. (Last) <u>Ritchie</u>	
(Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2 18 53</u>		<b>5. SEX</b> <u>Female</u>	
<b>6. COLOR OR RACE</b> <u>Colored</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>		<b>8. DATE OF BIRTH</b> <u>Aug. 9, 1867</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>9. AGE</b> (In years last birthday) <u>85</u>	
IF UNDER 1 YEAR Hours Min.		IF UNDER 1 YEAR Days		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Sherridan, Co., Missouri</u>	
IF UNDER 24 HRS. Min.		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		3318	

<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Fannie Baker</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>William Ritchie</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>No</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Fern Fowler</u>	
(If yes, give war or dates of service)		ADDRESS <u>1604 E. 22nd St.</u>		3321	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Gerebral Arteriosclerosis</u>						3321	
ANTECEDENT CAUSES		DUE TO (b) <u>Generalized Arteriosclerosis</u>						3321	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____						3321	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Cystic encephalomalacia.</u>						3321	

<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> _____		<b>(COUNTY)</b> _____		<b>(STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____					

**22. I hereby certify that I attended the deceased from 2-16-53, 1953, to 2-18-53, 1953, that I last saw the deceased alive on 2-18-53, 1953, and that death occurred at 7:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>E. Frank Ellis</u> (Degree or title) _____		<b>23b. ADDRESS</b> <u>600 East 22nd Street</u>		<b>23c. DATE SIGNED</b> <u>2-20-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>2/23/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lincoln Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>2-24-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Watkins Bros. 18th &amp; Benton</u>		<b>ADDRESS</b> _____	
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(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Bruce L. Watkins

Licensed Embalmer No. 4500

R. O. Address 18<sup>th</sup> St. Benton

**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.