

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43042
Do not use this space.

1. PLACE OF DEATH
(a) County Cass Registration District No. 162
(b) Township W. Peculiar Primary Registration District No. 5227 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Belle Ridenour
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
Peculiar, Cass County, Mo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W & A 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Norman Oliver Ridenour (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 26, 1871
7. AGE YEARS 68 MONTHS _____ DAYS 15 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as Homemaker sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 35
12. BIRTHPLACE (CITY OR TOWN) Walnut Grove (STATE OR COUNTRY) Mo
13. NAME Eak Proton
14. BIRTHPLACE (CITY OR TOWN) Shen Co (STATE OR COUNTRY) Mo
15. MAIDEN NAME Sally Proton
16. BIRTHPLACE (CITY OR TOWN) Shady Grove (STATE OR COUNTRY) Mo
17. INFORMANT M. O. Ridenour (ADDRESS) Peculiar, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Dayton, Mo DATE Dec. 13, 1939
19. FUNERAL DIRECTOR Jesse Huffman (ADDRESS) Esarden City, Mo
20. FILED 12/13, 1939 Walter V. Gobbin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 11, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 17, 1937, to December 11, 1939.
I last saw her alive on December 11, 1939. Death is said to have occurred on the date stated above, at 4:15 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset ?
Other contributory causes of importance:
Uremic Coma 12/8/39
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Walter V. Gobbin, M. D.
15 (Address) Peculiar, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Ruth Kaufman, Licensed Embalmer No. 4001
hereby certify that the body recorded on the reverse side of this certificate was embalmed by the Kaufman Funeral

L. E.
No. _____ or by _____
working under my personal supervision.

Signed Ruth Kaufman Registered Apprentice No. _____
Licensed Embalmer No. 4001

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.)