

Registration District No. 54611940

Primary Registration District No. 283

Registrar's No. _____

1. PLACE OF DEATH: Douglas Bldg
 (a) County _____
 (b) City or town Carroll mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (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 2 0

3. (a) PRINT FULL NAME JOHN. RIDGE
 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 single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If _____
 alive _____ years
 7. Birth date of deceased March 11 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 28 hr. _____ min. _____

9. Birthplace Texas Co _____
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____
 MOTHER FATHER { 12. Name William J. Ridge
 13. Birthplace Tennessee _____
 (City, town, or county) (State or foreign country)
 14. Maiden name Bessie Holland
 15. Birthplace Tennessee _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Heran Ridge
 (b) Address Orlynd mo

17. (a) _____ (b) Date thereof Jan 8 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beach Grove Ark

18. (a) Signature of funeral director W. J. Emerson
 (b) Address Paragould Ark

19. (a) 3-1-40 (b) W. J. Emerson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Douglas
 (c) City or town Carroll
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
 year 1940 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-1-40
 _____, 19____, to 1-8-40, 19____
 that I last saw him alive on 1-7-1940, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
 Due to Hypertension

Due to _____
 Other conditions HTN
 (include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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?

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature W. J. Emerson (M. D. or other) _____
 Address Carrollville Ark Date signed 1-8-40

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 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.

RECEIVED

District Health Officer No.

District File Number 340-700

Date Filed 3/8/40

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.....

William C Shelton..... Registered Apprentice No.....
working under my personal supervision.

Signed William C Shelton.....

Licensed Embalmer No. 3929.....

P. O. Address Paragould, Ark......

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, above space should be left blank.