

Registration District No. 95182 100 Primary Registration District No. 602-5

1. PLACE OF DEATH:  
(a) County Scotland  
(b) City or town Memphis R. F. D.  
(c) Name of hospital or institution: Jefferson Hospital  
(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. (a) PRINT FULL NAME Rosabelle Ridge  
3. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Robert Ridge 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Feb 16 1883  
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Scotland Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business B  
12. Name John Donaldson  
13. Birthplace Scotland Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mancy Y. Orr  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Ridge  
(b) Address Memphis Mo

17. (a) \_\_\_\_\_ (b) Date thereof Sept 29 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friendship

18. (a) Signature of funeral director Lytha Paschall  
(b) Address Memphis Mo

19. (a) Oct 1 1946 (b) E. E. Parrish  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Scotland  
(c) City or town Memphis  
(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. ? \_\_\_\_\_ year.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 28  
year 1946 hour 5 minute 9 A. M.

21. I hereby certify that I attended the deceased from 8/4 1946 to 9/27 1946  
that I last saw her alive on 9/27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Osteo Sarcoma of Os innominatum and upper third of femur

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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? 725 (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature PTA Baker (M. D. or other) \_\_\_\_\_  
Address Memphis Mo Date signed 10/2/1946

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

799

RECEIVED

District Health Officer No. 10

District File Number 10-40-1941

Date Filed OCT 18 1940

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

*Fred Genth*

Licensed Embalmer No.

*1029*

P. O. Address

*Memphis 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, above space should be left blank.