

Registration District No. 80

Primary Registration District No. 5720

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Tremont  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural R. F. D. #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether life)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Elizabeth Jane Ridge

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 9 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	4	23	hr. min.

9. Birthplace Buchanan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name William M. Matney

13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Bretz

15. Birthplace Unknown Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary R. Miller

(b) Address Agency, Missouri

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof April 4, 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Frazier Cemetery

18. (a) Signature of funeral director Halter Meierhoff

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) April 3-1941 (Date received local registrar)

(b) Mrs. Lucie Howell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural Tremont Township  
(If outside city or town limits, write "RURAL")

(d) Street No. Agency, R. F. D. #1  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 1941 hour 7 minute 30 p. m.

21. I hereby certify that I attended the deceased from 2-2-  
1940, to 4-2- 1941;  
that I last saw her alive on 4-2- 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

80 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. C. Starnes (M. D. or other) \_\_\_\_\_

Address Gower, Missouri Date signed \_\_\_\_\_

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

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**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.....

*O. J. Jester*

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri.

**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.**