

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25508
Registrar's No. 63

AUG 7 1941
Registration District No. 496

Primary Registration District No. 3025

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(c) Name of hospital or institution: Brookfield Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 131 E Robard
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MICKEY DEWAYNE RIDDLE
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26
year 1941 hour 10 minute 0 A. M.
21. I hereby certify that I attended the deceased from July 25
1941 to July 26 1941
that I last saw him alive on July 26 1941
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25 - 1941
(Month) (Day) (Year)

Immediate cause of death Premature Birth
Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 11 hr. 30 min.

Due to _____
Due to 159
Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Rhensel Riddle
13. Birthplace Marceline Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Jamerson
15. Birthplace Brookfield Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lady Jamerson
(b) Address 131 E Robard Brookfield Mo
17. (a) Burial (b) Date thereof July 26 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery Brookfield
18. (a) Signature of funeral director Hill Chapel
(b) Address Brookfield
19. (a) 7/26/41 (b) Frank Lucas
(Date received local registrar) (Registrar's signature)

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 Frank Lucas (M. D. or other) _____
Address Brookfield Mo Date signed 7-26

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

Rev. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE: 1938

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 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.....

Licensed Embalmer No.....

P. O. Address.....

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.