

FILED JUL 17 1942
 Registration District No. **399**

Primary Registration District No. **100**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **J.E.**
 (c) Name of hospital or institution **1727 Indip Ave 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **66 yrs.** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Jackson**
 (c) City or town **J.E.**
 (d) Street No. **1727 Indip Ave 3**
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **ROSSETIA RIDDLE**
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **7** day **6**
 year **1942** hour **11:30** minute **A.** M.

4. Sex **f** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **w**
 (b) Name of husband or wife **unk.** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **7-27-1874**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Chronic adhesive pericarditis**

8. AGE: Years **67** Months **11** Days **9** If less than one day _____ hr. _____ min.

Due to _____ 90 B
 Due to _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Joseph King**

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

14. Maiden name **Angeline Van Horn**

15. Birthplace **Dallington** _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant **Charles La Baugh**
 (b) Address **3828 Astor**

17. (a) **Burial** (b) Date thereof **7-8-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cem**
 18. (a) Signature of funeral director **H.T. Ingman**
 (b) Address **J.E. MO**

19. (a) **7/7/42** (b) **M. M. Browne**
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy **see above**

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)
 (r) Means of injury **3**

23. Signature **[Signature]** (M. D. or other) _____
 Address **16 E. No. 7** Date signed **7/6/42**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.....

Francis Walter

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....

J. A. Requinne

Licensed Embalmer No. *2744*

P. O. Address..... *A. C. 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, fact should be so stated above.