

5. No. 2  
4-5-42  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36382

FILED DEC 7 1942

State File No. ....

Registration District No. 149

Primary Registration District No. 1007

Registrar's No. 4391

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3231 Prospect  
Outpatient, K. C. General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 days (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3231 Prospect (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME James C. Riddle

3. (b) If veteran, name war  (c) Social Security No. None

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 4 years  
7. Birth date of deceased Aug 4 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Old age cost

11. Industry or business

MOTHER FATHER { 12. Name James C. Riddle  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Paula Clark  
(b) Address K.C. Gen Hospital

17. (a) Removal (b) Date thereof 11-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Protestant Mem

18. (a) Signature of funeral director Snow, Murphy  
(b) Address 2315 Prospect

19. (a) 11-27-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th year 1942 hour 9:35 minute 15 M.

21. I hereby certify that I attended the deceased from 1939, 19  , to Nov. 26th, 1942 that I last saw him alive on Nov. 24th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Hypertension

Other conditions Hypertensive heart disease  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy None

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

23. Signature Druey R. Howe (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAY 12 1947

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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..... *Ray E Snow* .....  
Licensed Embalmer No. *2560* .....  
P. O. Address *R E Snow* .....

**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.**