. S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37257

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 49

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:
Lakeside Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 17 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48 3
(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1108 East 84th Street,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Pearl Ethel Riddle,

3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James R. Riddle,
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased February (Month) 16 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
53	8	22	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name John L. McMahon,
13. Birthplace Kansas (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Mary Tuttle,
15. Birthplace Tennessee, (City, town, or county) / (State or foreign country)

16. (a) Informant James R. Riddle,
(b) Address 1108 East 84th St., K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) Nov. 11-42 (Date received local registrar) (b) R V Lindsey & Sons Inc (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th year 1942 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from Nov 3, 1942, to Nov 8, 1942 that I last saw her alive on Nov 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration 1 min
Due to Coronary Artery Sclerosis — about 1 year
Due to Chronic Myocarditis — about 2 year
93d
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations hysterectomy, uterine fibrossis & hypertrophy.
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature C. A. Povlovich (M. D. or other) D.O.
Address 1001 Chambers Bldg. Date signed 11-9-42

Dr. Annie G. Hedges 4152 (Licensed Embalmer's Statement on Reverse Side) Kansas City Mo.

Dr. Povlovich
Chambers Bldg
150

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K.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.