S. No. 2
M—5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1651

State File No. 1218

Registration District No. 42 | Primary Registration District No. 1800 | Registrar's No. 1218

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 mo (Specify whether years, months or days)
In this community: 3 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Caldwell 13
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Jasper Nichols Ridinger
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Irene Ridinger
6. (c) Age ~~of husband~~ or wife if alive: 28 years
7. Birth date of deceased: Nov (Month) 19 (Day) 1893 (Year)

8. AGE: Years 49 | Months 1 | Days 1 | If less than one day: hr. min.

9. Birthplace: Davies Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Chas Ridinger
13. Birthplace: Ill (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Gertrude Davis
15. Birthplace: Caldwell Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Gertrude Ridinger
(b) Address: Nettleton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Lockford
18. (a) Signature of funeral director: F. McPike
(b) Address: Buckenridge Mo
19. (a) 4-23-42 (Date received local registrar) (b) Rae Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 20, year 1942, hour 12, minute 15 M.
21. I hereby certify that I attended the deceased from: Dec 19, 1942, to Dec 19, 1942, that I last saw him alive on Dec 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Automobile wreck
Fracture of sacrum, lower jaw and at base of brain
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
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): Accident 013
(b) Date of occurrence: Dec 19 1942
(c) Where did injury occur? Near Hamilton Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On 36 highway. (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Lee Eads (M. D. ~~or other~~)
Address: Hamilton, Mo Date signed 12-28-42

1233

(Licensed Embalmer's Statement on Reverse Side)

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

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 T. F. McBeth, Registered Apprentice No. ..... working under my personal supervision.

Signed T. F. McBeth

Licensed Embalmer No. 1570

P. O. Address Breckenridge 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.