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S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1943

Registration District No. 1358

Primary Registration District No. 2001

Registrar's No. 644

49
2
5

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
720 N. H. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper 49
(c) City or town Joplin 9
(If outside city or town limits, write "RURAL") 5
(d) Street No. 720 N. Hampshire
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kathleen Ridgeway

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W /

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 17th (Day) 1942 (Year)

8. AGE: Years | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Alva Ridgeway
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name June Allen
15. Birthplace Joplin (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant June Ridgeway
(b) Address 720 N. Hampshire

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin, Mo.

19. (a) 2-2-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28th
year 1943 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Sm Witt, 19, to 1-25, 1943;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchio pneumonia	1 wk
Due to	
Due to	
Other conditions Heredity Syphilis (Include pregnancy within 3 months of death)	Witt

Major findings:
Of operations
Of autopsy

30 %

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

23. Signature [signature] 0 (M. D. or other) MW
Address Joplin Mo Date signed 2-2-43

12.0 E

(Licensed Embalmer's Statement on Reverse Side)

43-1-86

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.