

APR 8 1943

Registration District No. 94

Primary Registration District No. 5148

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

1. PLACE OF DEATH: Caldwell  
 (a) County Caldwell  
 (b) City or town Rural, Breckenridge Tp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 62 yrs. (Specify whether)  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 13  
 (a) State Missouri (b) County Caldwell  
 (c) City or town Rural/Breckenridge Tp.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna Bell Ridinger  
 (b) If veteran, name war no (c) Social Security No. no

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March, day 11th  
 year 1943 hour Nine minute 30 P.M.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Jessie Ridinger  
 alive 67 years  
 7. Birth date of deceased Nov. 4th. 1880  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 28th, 1943 to March, 11th, 1943  
 that I last saw her alive on March, 11th, 1943  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62.</u>	<u>4.</u>	<u>7.</u>	hr. min.

Immediate cause of death Drysinelas Pharynx spreading to eyes and face.  
 Duration 2 weeks

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

Due to abscess in the nose.  
 Due to \_\_\_\_\_

10. Usual occupation House keeper

Other conditions (Include pregnancy within 7 months of death)  
A. R. Wiley M.D.

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

12. Name Samuel Bowen

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

14. Maiden name Euphemia Weaver

15. Birthplace Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Ridinger  
 (b) Address Nettleton, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 13-43  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Lickfork.

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

18. (a) Signature of funeral director Thos. R. ...  
 (b) Address Breckenridge, Missouri.  
 19. (a) 3-18-1943 (Date received local registrar) (b) E. A. ... (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature A. R. Wiley M.D. (M. D. or other)  
 Address BRECKENRIDGE MO. Date signed 3/16

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. McBeck*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*T. McBeck*

Licensed Embalmer No.....

*1570*

P. O. Address.....

*Breck Knudgen*

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.