

FILED MAY 5 1948

State File No. _____

Registration District No. 167

Primary Registration District No. 3022.3032

Registrar's No. 37

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stella Langer Home for Aged 5
(If not in hospital or institution, write street number or location)
(d) Length of stay 2 years In hospital or institution. (Specify whether
In this community 40 years years, months or days)

3. (a) PRINT FULL NAME Celia Elizabeth Ridgway
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jack Ridgway 6. (c) Age of husband or wife if alive Deed years
7. Birth date of deceased Sept 24 1852
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name John Wilson

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

14. Maiden name Mary Jane Johnston

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

16. (a) Informant Theodore B. Ridgway

(b) Address Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 6 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Sun set Hill

18. (a) Signature of funeral director W. J. Wilcott

(b) Address Warrensburg Mo

19. (a) Apr 7 1948 (Date received local registrar) (b) Seal M. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg (If outside city or town limits, write "RURAL")
(d) Street No. Hamblyton St (If multiple location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd year 1943 hour 2:30 minute _____ a. m.
21. I hereby certify that I attended the deceased from 1942 19 _____ to 4-3-1943 19 _____ that I last saw him alive on 3-25-43 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocarditis

Due to age

Due to 93d

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
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) _____
(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 R. F. Johnson (M. D. or other) _____ Date signed 4-7-43
Address Warrensburg Mo

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

51
2
2

8609

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-7-43

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Samuel G. Olney

Licensed Embalmer No. 3597

P. O. Address Leeton 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.