. S. No. 2
OM—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25871

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 146

88
6
3

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 501 Fulton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88 6 3

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 501 Fulton
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Fronklin Ridgeway

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased Jan (Month) 19th (Day) 1854 (Year)

8. AGE: Years 89 Months 5 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Strother Ridgeway
13. Birthplace ..... (City, town, or county) W. Va / (State or foreign country)

MOTHER
14. Maiden name Ann Roush
15. Birthplace ..... (City, town, or county) W. Va. / (State or foreign country)

16. (a) Informant Mrs. Mary Ridgeway
(b) Address Moberly. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28th 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly. Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly. Mo

19. (a) 7-6-43 (Date received local registrar) (b) Irma Nowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1943 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 13 1943 to June 20 1943; that I last saw him alive on June 20 1943, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage (stroke)	1 day
Due to arterial Hypertension	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 e
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) No
(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 0

23. Signature L. E. Huber, M.D. (M.D. or other)
Address Moberly Mo Date signed 7-6-43

1056 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-1303
Date Filed AUG 10 1943

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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.