

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

84306
Do not use this space.

FILED NOV 6 1943

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 46
 (b) Township Hamilton Primary Registration District No. 4063
 (c) City Hamilton (d) Street No. _____
 (e) Length of residence in city or town where death occurred 43 yrs. mos. 5 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 41 St. _____

2. PRINT FULL NAME

Clifton Forrest Ridings
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Ridings
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Editor
 9. Industry or business in which work was done, as saw mill, bank, etc. Newspaper
 10. Date deceased last worked at this occupation (month and year) 8-4-3 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Miss. Co.

FATHER 13. NAME Overton Harris Ridings
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Miss.

MOTHER 15. MAIDEN NAME Sallie Harris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Miss.

17. INFORMANT (ADDRESS) M. O. Ridings Hamilton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem. DATE 8-13 1943

19. FUNERAL DIRECTOR (ADDRESS) Brown Funeral Home Hamilton Mo.

20. FILED 10/14/43 Coverline Jarrett, Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1943

22. I HEREBY CERTIFY, That I attended deceased from April 2 1942 to Aug. 10 1943

I last saw him alive on August 10 1943 Death is said to have occurred on the date stated above, at 4:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Cardio-Vascular Disease 1938?

Other contributory causes of importance: 928

Name of operation _____ Date of _____
 What test confirmed diagnosis? Electrocardiograph Was there an autopsy? NA

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Herbert R. Borch, M. D.
 (Address) Hamilton Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 7-26-37 I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....

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.)