

FILED DEC 5 1944

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

38535

Do not use this space.

## 1. PLACE OF DEATH

(a) County Pettis Registration District No. 274  
(b) Township Green Ridge or Primary Registration District No. 3052441 Registered No. 356  
(c) City Green Ridge (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Donop Arthur Ridenour  
(a) Residence, No. Pettis County all his life St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Sawyer Ridenour

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 7 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic  
9. Industry or business in which work was done, as saw mill, bank, etc. Lumber Merchant  
10. Date deceased last worked at this occupation (month and year) 1942 total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South of Green Ridge Pettis Co Mo13. NAME Daniel Murphy Ridenour14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Mary Du Rfee16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT (ADDRESS) Guy S Ridenour18. BURIAL, CREMATION, OR REMOVAL PLACE Green Ridge Mo DATE 11/3 194419. FUNERAL DIRECTOR (NAME) (ADDRESS) L. P. Reaser Green Ridge Mo20. FILED 11-3 19 44 ma Anna Berger Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 19 4422. I HEREBY CERTIFY, That I attended deceased from Oct 28 1944, to Nov 1 1944

I last saw him alive on Nov 1 1944. Death is said to have occurred on the date stated above, at 10:15 A.M.  
The principal cause of death and related causes of importance were as follows:

Hemiplegia (left)  
Cerebral  
arteriosclerosis, Hypertension  
Date of onset 10/29/44

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) H. A. Haste M. D.(Address) Green Ridge Mo

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-1-44

DEC 6 1944

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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 L. L. Ream

Licensed Embalmer No. 1881

P. O. Address Green Ridge 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, above space should be left blank.