

FILED NOV 26 1945

5476

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Tinball
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 64 yrs.
In this community 64 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy
(c) City or town Tinball
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mamie Gertrude Riddle

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Danile Riddle 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 3 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 15 hr. min.

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

10. Usual occupation Postmistress

11. Industry or business Johnson Joiner

12. Name Johnson Joiner

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

14. Maiden name Nancy Chandler

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

16. (a) Informant Ollie Gunn

(b) Address Troyton Mo.

17. (a) Burial (b) Date thereof 9-20-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Can Spickard Mo

18. (a) Signature of funeral director Schoolie funeral Home

(b) Address Spickard Mo

19. (a) 9-19-45 (b) Irene Fair
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1945 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from August 23
1945 to Sept 17 1945
that I last saw her alive on Sept 17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Due to Pericarditis, Anemia
& Malnutrition
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration 7 days
several years

Major findings:
Of operations
Of autopsy 2000

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)
(a) Means of injury

23. Signatory Marian Lambert (M. D. or other)
Address Troyton Mo Date signed 9/19/45

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

JAN 25 1946

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..... *Ross Wise*

Licensed Embalmer No. *3171*

P. O. Address *Spickard 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.