

Registration District No. **2** Primary Registration District No. **6006**

1. PLACE OF DEATH
 (a) County **Randolph**
 (b) City or town **Rural Cairo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **RFD # 1 Cairo Mo 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **none**
 In this community **Entire Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Randolph**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **RFD # 1 Cairo**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **CYNTHIA JANE RIDGWAY**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **30th**
 year **1946** hour **2** minute **00 P.M.**
21. I hereby certify that I attended the deceased from **28 April**, 19**46** to **30 April**, 19**46**
 that I last saw her alive on **29 April**, 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Fay Ridgway**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February-28-1864**
 (Month) (Day) (Year)

Immediate cause of death **Senility**
 Due to **Carcinoma**

8. AGE: Years **82** Months **2** Days **2**
 If less than one day hr. min.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: **Melanotic Carcinoma of left labia**
 Of autopsy **1/50**

9. Birthplace **Randolph Co Missouri**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

11. Industry or business
12. Name **Thomas White Haliburton**
13. Birthplace **Nashville Tenn**
 (City, town, or county) (State or foreign country)
14. Maiden name **Martha Rogers**
15. Birthplace **Nashville Tenn**
 (City, town, or county) (State or foreign country)

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? _____
 (Specify type of place) _____
 (e) Means of injury _____

16. (a) Informant **Farrest Ridgway**
(b) Address **RFD # Cairo Mo**
17. (a) Burial (b) Date thereof **May 2-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Union Cemetery Cairo Mo**
18. (a) Signature of funeral director **Snow Funeral Home**
(b) Address **Marion, Missouri**
19. (a) May 2-46 (b) **John Willaumont**
 (Date received local registrar) (Registrar's signature)

23. Signature **John S Haydock** (M. D. or other) **DO**
Address **Cairo Mo** **Date signed** **5-1-46**

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

MOTHER FATHER

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Printed Name of Deceased _____
Printed Name of Next of Kin _____
Printed Name of _____
Date of Death JUN 6 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 _____
Licensed Embalmer No. H117
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.