

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19834
Registrar's No. 150

FILED JULY 2 1946

Registration District No. _____ Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
307-A- Madison Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 25 years
years, months or days

3. (a) PRINT FULL NAME Albert C. Ridenhour

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 Ertha Ridenhour 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased February 21 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 4 3 hr. min.

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

10. Usual occupation Automobile Mechanic

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Ridenhour

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known 8
(City, town, or county) (State or foreign country)

16. (a) Informant T. J. Ridenhour
323 Madison Street

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof 6-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director W. J. Jordan

(b) Address Jefferson City, Missouri

19. (a) 6-24-46 (b) R. C. Ridenhour
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26.

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 307-A- Madison Street 4
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28
year 1946 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from _____
1 Dea. Urban Viewet
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration Sudden

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94

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) _____

(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)

(c) Means of injury 3
Coronary

23. Signature J. J. Leslie (M. D. or other) _____

Address Jefferson City, Mo. Date signed 6-24-46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-1-46

JUL 23 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. 4411

P. O. Address W. H. Jones, D.C.

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.