

FILED FEB 17 1947
Registration District No. **749**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **since 1-29-47**
In this community **since 1912**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **615 West 50th**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Arthur J. Riddle**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mrs. Marie D. Riddle** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased **September 11 1886**
(Month) (Day) (Year)

8. AGE: Years **60** Months **4** Days **26** If less than one day **24** hr. min.

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

10. Usual occupation **President**

11. Industry or business **A. J. Riddle, Inc.**

MOTHER FATHER { 12. Name **unknown**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marie D. Riddle**

(b) Address **615 West 50th St., K. C., Mo.**

17. (a) **burial** (b) Date thereof **2-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **2-8-47** (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **7**
year **1947** hour **7:22** minute **P.** M.

21. I hereby certify that I attended the deceased from **47** to **Feb 7 1947**
that I last saw him alive on **2-7-47** and that death occurred on the date and hour stated above.

Immediate cause of death **metastatic carcinoma to heart & pericardium of tongue**
Due to **carcinoma of tongue 1 yr**
Duration **3 months**

Other conditions **458**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Ludwig**
Of autopsy **above**
PHYSICIAN **Ludwig**
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?

23. Signature **Sheldine Holmes** (M. D. or other) **MD**
Address **KC MO** Date signed **2/8/47**

Dr. W. M. Ketcham

W. M. Ketcham
VI 6708

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

J. T. Oliver

Licensed Embalmer No.

475

P. O. Address

Kansas City, 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.