S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

Registration District No. 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27899

Primary Registration District No. 1002

Registrar's No. 3407

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: 4022 Wyoming
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4022 Wyoming 5
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. LOUISA M. RIDGELL

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Jesse F.

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

7. Birth date of deceased: Jan. 8, 1847 (Month) (Day) (Year)

8. AGE: Years 100 | Months 7 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace: Nichols County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: None

FATHER
12. Name: Samuel Wheeler
13. Birthplace: (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Catherine Peters
15. Birthplace: (City, town, or county) Unkown (State or foreign country) 4

16. (a) Informant: Mrs. Catherine Whitney
(b) Address: 4022 Wyoming, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington Cemetery

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri

19. (a) 8-9-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th year 1947 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1 Aug, 1947, to 9 Aug, 1947 that I last saw h. alive on 8 Aug, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Insufficiency	2 day
Due to: arteriosclerosis and	5 yrs.
Due to: Senilism	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 950
Of autopsy:

PHYSICIAN
Underline the cause of 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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature: James W Downey (M. D. or other) M.D.
Address: 800 Argyle Bldg Date signed 8 Aug 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

800 Cooper St.

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 Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address K. C., 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.