. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27900

Registrar's No. 3625

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 21 days (Specify whether years, months or days)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 3040 Forest (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Bessie Ridgeway
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Fe/
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: William Ridgeway
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: February (Month) 21 (Day) 1896 1898

8. AGE: Years 49 Months 6 Days 00 If less than one day ... hr. ... min.

9. Birthplace: Syracuse (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: at Home
FATHER
12. Name: Wallace Porter
13. Birthplace: Syracuse (City, town, or county) mo (State or foreign country) 0
MOTHER
14. Maiden name: Anna Fisher
15. Birthplace: Syracuse (City, town, or county) mo (State or foreign country) 0
16. (a) Informant: William Ridgeway
(b) Address: 3040 Forest
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Mellody-McKelly-Eylar
(b) Address: K.C. Mo
19. (a) 8-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st year 1947 hour 8 minute 45 P. M.
21. I hereby certify that I attended the deceased from 7-31-47, 19..., to 8-21-47, 19...; that I last saw her alive on 8-21-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarction	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94W	
Major findings: Of operations:	
Of autopsy: none	

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? (Specify type of place) 0
While at work? (e) Means of injury:
23. Signature: Wm. W. Hart M.D. (M. D. or other)
Address: Med. Dir. K.C. Gen. Hosp. K.C. M Date signed:

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Russell N. France

Licensed Embalmer No. 4255

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.