

S. No. 2
OM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44450**

FILED JAN 22 1948

Registration District No. **175**

Primary Registration District No. **4276**

Registrar's No. **113**

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

1. PLACE OF DEATH:

(a) County **Lawrence**

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

(c) Name of hospital or institution: **Final Addition 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: **22 years** hospital or institution (Specify whether years, months or days)

In this community **22 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **Lawrence**

(c) City or town **Pierce City, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **Linzie Addition**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jessie B. Ridpath**

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

3. (c) Social Security No. **No**

4. Sex **F**

5. Color or race **N**

6. (a) Name of husband or wife **Clarence A. Ridpath**

6. (b) Single, widowed, married, divorced **married**

6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **20** **1882**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	24	hr. min.

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

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Adam Beattie**

13. Birthplace **Ontario Canada**
(City, town, or county) (State or foreign country)

14. Maiden name **Sara Marrow**

15. Birthplace **Slaves Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. S. Myers**

(b) Address **Pierce City Mo**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **Dec 18-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Pierce City**

18. (a) Signature of funeral director **Walter Brown**

(b) Address **Pierce City Mo**

19. (a) **Dec 18-47** (Date received local registrar)

(b) **Ora McMath** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **14** year **1947** hour **5** minute **30** M.

21. I hereby certify that I attended the deceased from **June 11** 19**47** to **Dec 14** 19**47** that I last saw **her** alive on **Dec 12** and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic heart disease**

Duration **30 yrs**

Due to _____

Due to _____

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

Major findings: **95 B**

Of operations _____

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)

(e) Means of injury **D**

Signature **F. L. Edwards** (M. D. or other **M. D.**)
Address **Pierce City, Mo** Date signed **Dec 16 1947**

RECEIVED

District Health Officer No. 6,

District File Number 148-115

Date Filed 1-19-48

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.....

Edwin P. Wilke

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Edwin P. Wilke.....

Licensed Embalmer No. 4131

P. O. Address Peace 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.