

No. 300  
1-10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED MAR 19 1948**  
Registration District No. 38

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

7822  
State File No. \_\_\_\_\_  
Registrar's No. 65

Primary Registration District No. 3006

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

**1. PLACE OF DEATH:**  
(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
101 N. Glenwood Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** GERTIE LOU RIDGWAY  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James Thomas Ridgway  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 1 - 5 - 1874  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Addison A. Robinson

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

14. Maiden name Sarah T. Baker

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

16. (a) Informant Miss Mary Ridgway

(b) Address 101 N. Glenwood, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo.

18. (a) Signature of funeral director Parker Funeral Service  
(b) Address Columbia, Mo.

19. (a) Mar 3 1948 (Data received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature) 31

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 101 N. Glenwood Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Mar. day 2  
year 1948 hour 2 minute 45A.M.  
21. I hereby certify that I attended the deceased from 11 - 3  
1948 to 3 - 2 - 1948  
that I last saw her alive on 11 - 3 - 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis, few years. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Serious coronary  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? No (Specify type of place) (e) Means of injury 6

23. Signature W. D. Byant M. D. or other \_\_\_\_\_  
Address Columbia, Mo. Date signed 3-2-48

RECEIVED  
District Health Officer No. 9  
MAR 18 1978

NOV 25 1957

DEC 24 1958

**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 M. A. Whitcomb  
Licensed Embalmer No. 3893  
P. O. Address Columbia MD

**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.**