

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED APR 2 1948

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 1605

Primary Registration District No. 5596

Registrar's No. 22

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Rural Valle
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
On N.H. Highway
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 24 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. N.H. Highway
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry Ridenour
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3/20/48 day _____
 year _____ hour _____ minute _____ M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive None years
 7. Birth date of deceased Sept. 28 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Verdict of Coroner
Just. We the jury find this death was caused by natural causes or heart failure
 Due to _____
 Due to _____

9. Birthplace Washington County Mo.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

10. Usual occupation Farmer

11. Industry or business Same

12. Name Unknown

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

14. Maiden name Elizabeth Cercedo

15. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ollie Ridenour

(b) Address N.H. Highway, DeSoto, Mo.

17. (a) Burial (b) Date thereof Mar. 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mammoth Cemetery

18. (a) Signature of funeral director Daniel J. Mahoney

(b) Address DeSoto, Mo.

19. (a) 3/30/48 (b) Marie Harris
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
2007A

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)

While at work? _____ (e) Means of injury _____
 23. Signature T.B. Edwards Coroner
(M. D. or other)
 Address Order Hill Date signed 3/20/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/31/48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Daniel J. Mahan Jr.
Licensed Embalmer No. 4326
P. O. Address De Soto, 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.