No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1948

Registration District No. 47

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 11710

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: Callaway Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Five days (Specify whether
In this community DK
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 4 East 8th. St. 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Belle RIDGEL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Ben T. Ridgel

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

7. Birth date of deceased June (Month) 28 (Day) 1878 (Year)

8. AGE: Years 69 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Elijah Salmons
13. Birthplace DK (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Hinson
15. Birthplace DK (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Mrs. Cecil Hazelrigg
(b) Address 4 E.8th., Fulton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St., Fulton, Mo.

19. (a) 4-22-1948 (Date received local registrar) (b) Josie Morsinkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1948 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from 1944 to Death 19
that I last saw her alive on April 20 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	36 hrs
Due to: Chr. myocardial degen.	4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death): Bronchial Pneumonia	2 days
Paralysis Agitans	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury D

23. Signature John J. Brown (M. D. or other) M.D.
Address Fulton Date signed 4-21-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 26 1949

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 Theodore Skinner, Jr., Registered Apprentice No. 55, working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.