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7-39  
X21492

FILED AUG 31 1948  
Registration District No. 320

Primary Registration District No. 6225

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Worth

(c) Name of hospital or institution State Hospital #3 Vernon

(d) Length of stay: In hospital or institution 2 mo 20 days

In this community 4 months 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Rates

(c) City or town Appleton City

(d) Street No. ✓

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME WILLIAM J. RIDGEWAY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1948 hour 3 minute 50 P. M.

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced Div.

6. (b) Name of husband or wife ADA CLARK (DEC.)

6. (c) Age of husband or wife if alive ✓ years 1897

7. Birth date of deceased: (Month) 4 (Day) 5 (Year) 1897

21. I hereby certify that I attended the deceased from 4-22-48 1948 to 8-20 1948 that I last saw him alive on 8-20 1948 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>15</u>	hr. _____ min. _____

Immediate cause of death Lobar Pneumonia acute Duration 5 days

Due to ✓

Due to ✓

9. Birthplace Mo (City, town, or county) \_\_\_\_\_ (State or foreign country) ✓

10. Usual occupation from laborer

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

Major findings: ✓

Of operations \_\_\_\_\_

Of autopsy 108

11. Industry or business ✓

12. Name Wm Ridgeway

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) ✓

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Record

(b) Address Worth, Missouri

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Buried (b) Date thereof 8-22-48

(c) Place: burial or cremation Appleton City Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director Wm Ridgeway

(b) Address Appleton City Mo.

19. (a) 8-24-48 (b) Nathaniel Yancey (Date received local registrar) (Registrar's signature) 221

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

28. Signature R. G. Hall (Date signed) 8/20/48

Address Worth

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

RECEIVED

District Health Officer No. 7;

District File Number 7-48-989

Date Filed 8-20-48

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.....

Jack W. Fisher, Registered Apprentice No. 12  
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.