

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 23 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29173  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 411  
 (b) Township Joplin Primary Registration District No. 2002 Registered No. Joplin, Mo.  
 (c) City Joplin (d) Street No. Freeman Way  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Cecil Riddle  
 (a) Residence, No. 1601 So. Pearl - Joplin, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Fayes Marie Riddle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7 - 1897

7. AGE YEARS 41 MONTHS 41 DAYS 8 If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Jewelry Repairer

9. Industry or business in which work was done, as saw mill, bank, etc. Jewelry

10. Date deceased last worked at this occupation (month and year) Aug. 11. Total time (years) spent in this occupation 17 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield, Mo.

FATHER 13. NAME Jerry Riddle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.

MOTHER 15. MAIDEN NAME Miss Florence M. Mannis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jude County, Greenfield, Mo.

17. INFORMANT (ADDRESS) Mrs. Mary Shepherd, 218 No. Jefferson - Canton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Canton, Mo. DATE August 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. Nuttall & Co. - Canton, Mo.

20. FILED 8-15-38 Ed. J. Janner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-11-38 to 8-11-38  
 I last saw him alive on Aug. 11 - 1938. Death is said to have occurred on the date stated above, at 4:40 P.M. 8/11/38  
 The principal cause of death and related causes of importance were as follows:  
Gun shot - body and right shoulder - gunshot wounds - lines - fractured rib - lower part of chest  
 Other contributory causes of importance:  
Upper part of trunk - left shoulder - right hand - right hand - right hand - right hand  
 Name of operation none Date of operation none  
 What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Homicide Date of injury 8/11/38  
 Where did injury occur? Joplin, Mo.  
 Specify whether injury occurred in industry, in home, or in public place: None  
 Manner of injury: Gun shot - chest  
 Nature of injury: Domicide

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify no  
 (Signed) A. H. Winchester Coroner, M. D.  
 (Address) Joplin, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-161

Date Filed 9/20/38

STATEMENT BY LICENSED EMBALMER

I, Edleson, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Edleson

Licensed Embalmer No. 2222

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.)