

0560 MAY 10 1939

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

14847  
Do not use this space.

1. PLACE OF DEATH 2

(a) County Greene Registration District No. 316

(b) Township 1 Primary Registration District No. 491

(c) City Ash Grove (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. ds. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 340 Kittie Clea Riddle

(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF J. R. Riddle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 25 - 1862

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

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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 4/23-1939 to April 25-1939

I last saw her alive on April 24-1939 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Chronic Valvular Heart Disease

92 in

Other contributory causes of importance: chronic valvular heart disease

Date of onset 4/23/39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moxxie Co. Ky.

FATHER

13. NAME John S. Greenup

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Tenn

MOTHER

15. MAIDEN NAME Belle Hays

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Ky.

17. INFORMANT (ADDRESS) Archie Riddle Ash Grove

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Grove DATE 4-27-1939

19. FUNERAL DIRECTOR (ADDRESS) Spurgeon - Morris - Seiman Ash Grove Mo

20. FILED 5-6 1939 Mr. Leonard Jones Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chloride Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Dr. Charles H. Orr, M. D. (Signed) \_\_\_\_\_

(Address) Ash Grove, Mo

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.

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STATEMENT BY LICENSED EMBALMER

I, G. R. Seiman, Licensed Embalmer No. 3297

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

..... L. E. No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed G. R. Seiman  
Licensed Embalmer No. 3297

**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.)**