

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

21001  
Do not use this space.

JUL 10 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Raw Primary Registration District No. 1007

(c) City Kansas City, Mo. (d) Street No. St. Luke's Hospital Registered No. 2269

(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 352 ROSANNE RYDINGS

(a) Residence, No. 4221 Wiedenman St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
			<u>1</u>	

OCCUPATION

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. Infant

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

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Melvil V. Rydings

14. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Rose Coghlan

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Mrs. Coghlan, We 0178 (ADDRESS) 4221 Wiedenman

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 6/1st 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure (ADDRESS) 2235 Gillham Plaza, K. C., Mo.

20. FILED 9/1 1939 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1939 to June 1, 1939

I last saw her alive on May 31, 1939 Death is said to have occurred on the date stated above, at m.

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

Perinatally (7 mos) atelectasis 159

Other contributory causes of importance: Short Umbilical cord

Name of operation None Date of 4/10

What test confirmed diagnosis? Chrom Was there an autopsy? No

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) Reese R. Kelly M.D. (Address) Plaza St. Betty

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARG. RESERVED FOR BINDER

V. S. NO. 2 50M-9-19-38 I X16805

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 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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**