

AUG 9 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH 420

26032

Do not use this space.

## 1. PLACE OF DEATH

(a) County Johnson. Registration District No. 5586  
 (b) Township Post Oak. Primary Registration District No. 4256 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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

(a) Residence, No. 340 Joseph Riddle. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1866.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 8 15

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

FATHER 13. NAME John Riddle  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Myron Riddle.  
Warrensburg. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Pisgah Cem. DATE July, 23, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney-Phillips.  
Warrensburg. MO.20. FILED Aug 9, 1939 Annabe) T. Perry Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to July 21, 1939  
 I last saw him alive on July 21, 1939. Death is said to have occurred on the date stated above, at 3:30 A. M.

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

Myocardial infarction -  
arteriosclerosis -  
heart block

Date of onset

Other contributory causes of importance: 95 by

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? ✓  
 If so, specify \_\_\_\_\_  
 (Signed) Chas. S. Johnson M. D.

(Address) Warrensburg, Mo.  
390

RECEIVED  
District Health Officer No. 8,  
District File Number *27789*  
Date Filed

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, .....

*R. Q. Phillips* .....

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *R. Q. Phillips* .....

Licensed Embalmer No. *2320* .....

P. O. Address *Warrensburg, 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, above space should be left blank.