

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

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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35123

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4098

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2203 Michigan  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 25 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Ridley 340  
 3. (b) If veteran, name war World's War  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race Col  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Willie Ridley  
 6. (c) Age of husband or wife if alive 43 years  
 7. Birth date of deceased August 15 1892  
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 5  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Dude Ridley  
 13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ellen Green  
 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Willie Ridley  
 (b) Address 2203 Michigan

17. (a) burial (b) Date thereof 10-25-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Highland Cemetery  
 (c) Place: burial or cremation

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 10/25/39 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
Kansas City  
 (c) City or town 2203 Michigan  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 10 Day 24 Year 1939  
 hour \_\_\_\_\_ minute 30 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I attended him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Edema

Due to hypertensive Myocarditis  
 Due to \_\_\_\_\_

Other conditions 93 D  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

(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?

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

23. Signature \_\_\_\_\_ (M. D. or other) 4  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

---

---

**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 Isaac Jerome Monlove

Licensed Embalmer No. 3994

P. O. Address 1729 Lydia Ave

**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.**