

NO 876 15 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 6164

Registrar's No. _____

I. PLACE OF DEATH:

(a) County Vernon
(b) City or town Quinn Lake township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs years, months or days

3. (a) PRINT FULL NAME James Buchanan Ridgway

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Saranna June Ridgway 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June 18, 1860 (Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 26 If less than one day hr. _____ min. _____

9. Birthplace not known (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name James B. Ridgway

13. Birthplace unknown (City, town, or county) Indiana (State or foreign country)

14. Maiden name unknown unknown

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant J. E. Ridgway

(b) Address Deerfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery

18. (a) Signature of funeral director Ferry Funeral Home (b) Address Waruda, Mo.

19. (a) May 30-1940 (Date received local registrar) (b) Idella Feibel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Lake township (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 14, year 1940, hour A, minute _____ M.

21. I hereby certify that I attended the deceased from Jul 70 1938 to May 14 1940 and that I last saw him alive on May 13 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Sarapine left foot
Due to Diabetes Mellitus Duration 6 wks
14 yrs

Due to 59

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no

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? 7944
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature W. B. Preuner (M. D. or other) _____
Address Deerfield Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7
District File Number 6-40-926
Date Filed 6-22-40

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

Signed Lloyd R. Winnett
Licensed Embalmer No. 3857
P. O. Address Nevada, 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.