FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31099

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3662

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

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: 456 West 62nd Street Terrace (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether years, months or days) 2

In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 456 West 62nd Street Terrace (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME Mrs. Hannah Euphemia Riddle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Frank E. Riddle

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased October (Month) 19 (Day) 1846 (Year)

8. AGE: Years 93 Months 10 Days 30 If less than one day ___ hr. ___ min.

9. Birthplace Butler County (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

FATHER
12. Name Samuel Halderman
13. Birthplace Butler County (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Margaretta Kohlmeyer
15. Birthplace Butler County (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. Dan F. Servey

(b) Address 456 W. 62 St Terr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director O. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-19-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th year 1940 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept 13, 1940 to Sept 18, 1940 that I last saw her alive on Sept 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Pt Hauseon	5 days
Fracture Rt hip.	5 days
Due to	
Due to 18 ba	
Other conditions (Include pregnancy within 3 months of death) 10	
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 Sept 13. 40

(c) Where did injury occur? Her Residence (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Frac R hip Her Residence (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature David B Robinson (M.D. or other)

Address 928 Prof Bldg. Date signed 9/19/40

(Licensed Embalmer's Statement on Reverse Side)

1:30 - 4:30

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 H C Newcomer Jr

Licensed Embalmer No. 4045

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.