

11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE

MOISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34645  
State File No. 4161  
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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:  
2115 East 72nd Street 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 16 Years  
years, months or days)

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. 2115 East 72nd Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29  
year 1940 hour 12:30 P.M. M.

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

Immediate cause of death Chronic Hypertensive Myocarditis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy Autopsy  
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)  
Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or R. N.)  
Address [Signature] Date signed [Signature]

3. (a) PRINT FULL NAME Mr. Dudley McDonald Riddle

3. (b) If veteran, name war World War 3. (c) Social Security No. 486-10-1375

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Jane Irene Riddle 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September 23 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 1 6 hr. \_\_\_\_\_ min.

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

10. Usual occupation Pharmacist

11. Industry or business Brecklin-Williams Drug Co.

12. Name Edward Riddle

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

14. Maiden name Rebecca Window

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

16. (a) Informant Ms. Jane Irene Riddle

(b) Address 2115 East 72nd Street

17. (a) Burial (b) Date thereof Oct. 31, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-31-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

NOV 15 1958

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.**