

1913 FEB 14 1941

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

2722  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 247  
(b) Township Leesville Primary Registration District No. 5501A Registered No. \_\_\_\_\_  
(c) City Clinton (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 69 yrs. mos. da. (f) How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.

2. PRINT FULL NAME James Franklin Riddle

(a) Residence, No. \_\_\_\_\_ 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Riddle  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-20-1872  
7. AGE YEARS 69 MONTHS 0 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo

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

MOTHER 15. MAIDEN NAME Lucy Warren  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo

17. INFORMANT (ADDRESS) Seth Riddle Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood Cem DATE 1-10-41

19. FUNERAL DIRECTOR (ADDRESS) Fred C. Williamson Clinton Mo

20. FILED 1-14-41 19. Dr. J. R. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1941

22. I HEREBY CERTIFY, That I attended deceased from 8-17, 1939, to 1-7, 1941.  
I last saw him alive on 1-7, 1941. Death is said to have occurred on the date stated above, at 12:10 AM.

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

Myocarditis (Chronic) 1939

Other contributory causes of importance: gsth

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? No  
If so, specify \_\_\_\_\_ (Signed) James O. Smith M. D.  
Address Clinton Mo

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.

RECEIVED

District Health Officer No. 7

District File Number 2-41-273

Date Filed 2-7-41

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_  
L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Fred Wickerson*

Licensed Embalmer No. 2478

**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.)**

FILED APR 16 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2722

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 347

Primary Registration District No. 5301A

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Leasalle T.P.  
(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  
In this community years, months or days (Specify whether)

3. (a) PRINT FULL NAME James Franklin Riddle

3. (b) If veteran, name war 3. (c) Social Security No.

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

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive, year

7. Birth date of deceased 12 20 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1-14-41 (Date received local registrar) (b) Dr. F.R. Hampton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (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.

20. DATE OF DEATH: Month Jan day 9 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 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

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 James Smith (M. D. or other)

Address Clinton Date signed

SUPPLEMENTARY MEDICAL CERTIFICATION

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

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

