

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20649**
2179

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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 K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days (Specify whether
 In this community 30 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. 3527 Genesee (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CLEREMONT RIDER
 3. (b) If veteran, name war No 3. (c) Social Security No. A494-12-201

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3rd year 1941 hour 8 minute 50 A.M. M.
21. I hereby certify that I attended the deceased from 5-21-41, 19____, to 6-3-41, 19____;
 that I last saw him alive on 6-3-41, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Lela M. Rider 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased August 20 1874
 (Month) (Day) (Year)

Immediate cause of death Intertrochanteric fracture left femur; Diabetes mellitus

8. AGE: Years Months Days If less than one day
66 9 14 hr. min.

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 186a

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

Major findings: Of operations _____
 Of autopsy See above

10. Usual occupation Salesman - Retired

11. Industry or business Real Estate

12. Name George D. Rider

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

14. Maiden name Lizzie Pirimmer

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

16. (a) Informant W. H. Rider

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1941
 (Month) (Day) (Year)

(c) Place: burial or cremation W.H. Keytesville, Missouri

18. (a) Signature of funeral director D.H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 6/5/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) acc
 (b) Date of occurrence 5-1 2-4 5 1941
 (c) Where did injury occur? K. C. Mo (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work? _____ (e) Means of injury Fall from
 23. Signature Amey R. Stone (M.D. or other) 11/1/41
 Address Med. Dir. K.C. Gen. Hospital Date signed 11/1/41

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..... *K. C. 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, fact should be so stated above.