

FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30779  
3536  
Registrar's No.

Registration District No. 399

Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution Gen. H. Nettleton Home  
(d) Length of stay: In hospital or institution 3 Days  
In this community 3.5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(d) Street No. 5725 Swoop Park Way  
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME Edna J. Riddle

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

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced, widower  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 59 Months Days If less than one day hr. min.

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

10. Usual occupation Supt. of Nettleton Home

11. Industry or business

12. Name E. K. Perkins

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

14. Maiden name Julia Chase

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

16. (a) Informant Mrs. La. Herye

(b) Address 5723 Swoop Park Way

17. (a) Cremation (b) Date thereof 9-23-41

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Stone McClure  
(b) Address 9/19 Kansas City, Mo.  
19. (a) Date received local registrar: 9/22/41 (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20 year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 14, 1941, to Sept 20, 1941; that I last saw her alive on Sept 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Sclerosis of hardening of walls (Myalgia form)  
Due to general anoxia

Due to Internal Hemorrhage of liver.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 1 year  
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

(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 E. H. Peilinger, (M. D. or other)  
Address 520 Maple Bldg. Date signed 9/25-1941

1 to #  
- 11024606  
Original Body

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**