

FILLED OCT 21 1941

Registration District No. **420**

Primary Registration District No. **5574**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural, Valle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1, DeSoto, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in Hospital
(Specify whether
In this community 43 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Rural (Valle)
(If outside city or town limits, write "RURAL")
(d) Street No. Route No. 1 DeSoto, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1941 hour 10 minute 45 A. M.
21. I hereby certify that I attended the deceased from 1925
19 to Sept 10, 1941
that I last saw him alive on Sept 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration ?

Due to.....
Due to.....
131 f

Other conditions 1925
(Include pregnancy within 3 months of death)
Chronic Nephritis

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.....
(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 Chas E Fallet (M. D. or other)
Address DeSoto Mo Date signed 9/15/41

3. (a) PRINT FULL NAME GERTRUDE RIDGEWAY GRAHAM

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

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

6. (b) Name of husband or wife Tom Graham 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. 25 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Charles Wesley Ridgeway
13. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name ? Tierney
15. Birthplace Crawford Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Madeline Hiskay

(b) Address DeSoto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (woodlawn)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 9-17-41 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

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

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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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

[Handwritten Signature]

Licensed Embalmer No. 3531

P. O. Address Auto 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.