

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35012

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

040
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Grady

(b) City or town Trenton City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 820 East 17th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 24 years

3. (a) PRINT FULL NAME Edwin Thomas Riddle

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Riddle

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec 21 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business Church

MOTHER FATHER { 12. Name BENJAMIN RIDDLE

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

14. Maiden name Sarah Maceray

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

16. (a) Informant Elizabeth Riddle

(b) Address Trenton, Mo.

17. (a) burial (b) Date thereof Oct. 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home grave

18. (a) Signature of funeral director Raymond Adams

(b) Address Trenton, Missouri

19. (a) 9-23-41 (b) Irene D. Fair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grady

(c) City or town Trenton
(If outside city or town limits, write "RURAL")

(d) Street No. 820 East 17th St
(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 20
year 1941 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from July 12, 1941, to Sept 20, 1941;
that I last saw him alive on Sept 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis and diabetes mel

Myocardial R. Foot

Due to Amputation R. leg Aug 13, 1941

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

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 E. A. Driffy (M. D. or other) U

Address Trenton, Mo Date signed Sept 22 1941

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert B. Davis*.....

Licensed Embalmer No. *4219*.....

P. O. Address *Jrenton, 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.