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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37692

Registration District No. 79 Primary Registration District No. 5036 Registrar's No. 27

1. PLACE OF DEATH:
(a) County: Audrain Co.
(b) City or town: Rural Salem Twp
(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 ... (Specify whether years, months or days)
In this community all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Audrain
(c) City or town: Rural
(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.

3. (a) PRINT FULL NAME: Mendfield Scott Ridgeway
3. (b) If veteran, name war: —
3. (c) Social Security No. —

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: ...
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased: Nov (Month) 15 (Day) 1855 (Year)

8. AGE: Years 85 Months 11 Days 15 If less than one day ... hr. ... min.

9. Birthplace: Columbia (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm

MOTHER FATHER
12. Name: Jefferson Ridgeway
13. Birthplace: Columbia (City, town, or county) Mo (State or foreign country)
14. Maiden name: Sarah Miller
15. Birthplace: Columbia (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs Vetta Anderson
(b) Address: Centralia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12-1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mulkey Church Cem
18. (a) Signature of funeral director: R & R C Funeral
(b) Address: Centralia Mo
19. (a) 11/12-1941 (Date received by local registrar) (b) A E Booth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1941 hour 7 minute a M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Coroner's verdict I find that the deceased came to his death from shock received
Due to: from falling out of a window. E. J. Burton, Coroner
Due to: He was very feeble and absent minded, he opened a bad
Other conditions: on his head.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 1860 1.
Of autopsy: 1.

Duration

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): Accident
(b) Date of occurrence: Nov. 10, 1941
(c) Where did injury occur? near Thurgeon (City or town) Audrain (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell out of a window (Specify type of place)
While at work? (e) Means of injury: —

23. Signature: E. J. Burton Coroner (M. D. or other)
Address: Mexico Mo Date signed 10/10/41

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1945

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. M D McDonald

Licensed Embalmer No. 2589

P. O. Address Caribou Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.