S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15763

FILED MAY 9 1942

Registration District No. 880827

Primary Registration District No. 4503 4500

State File No.

Registrar's No. 46

1. PLACE OF DEATH:

(a) County SHELBY

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County SHELBY 102

(c) City or town CLARENCE 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOSEPH L. RIDINGS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ANNA DEAN RIDINGS

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

7. Birth date of deceased NOV. (Month) 23 (Day) 1864 (Year)

8. AGE: Years 77 Months 4 Days 29 If less than one day hr. min.

9. Birthplace SHELBY CO MO (City, town, or county) U (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business

FATHER
12. Name PETER F. RIDINGS
13. Birthplace VIRGINA (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name MARY LARICK
15. Birthplace DONT KNOW (City, town, or county) 4 (State or foreign country)

16. (a) Informant LEONARD RIDINGS

(b) Address CLARENCE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Apr. 23-42 (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE WOOD

18. (a) Signature of funeral director Million & Barkelew

(b) Address Clarence Mo

19. (a) Apr. 27-42 (Date received local registrar) (b) Madge Gooch (Registrar's signature) 1075

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1942 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from Mar. 8, 1942, to April 21, 1942 that I last saw him alive on April 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Sclerosis of arteries

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83a

Of autopsy

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)

(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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Frank R Roy (M. D. or other)

Address Clarence Date signed 4-24-42

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 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 Henry G Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelbina, 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.