

FILED JUN 18 1942

Registration District No. 627

Primary Registration District No. 4377

Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Pickering (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 3 yrs. (Specify whether years, months or days)
In this community 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Pickering (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE MADISON RIDDLE.

3. (b) If veteran, name war no 3. (c) Social Security No. none.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie Riddle. 6. (c) Age of husband or wife if alive, years 21.

7. Birth date of deceased July 21, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation Policeman.

11. Industry or business

12. Name Not known Benjamin Hardin Riddle

13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name not known

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

16. (a) Informant Mrs. Mattie Riddle.

(b) Address Pickering Mo.

17. (a) Funeral (b) Date thereof June 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Harmony Cem.

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) June 3 1942 (b) Mary Coile
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1942 hour Between 12 AM + 7 AM

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour registered above.

Immediate cause of death Cerebral thrombosis Sudden

Due to

Due to

Other conditions 63
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Cerebral thrombosis

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work W.R. Lathan (Specify type of place) (e) Means of injury (1)

23. Signature W.R. Lathan (M. D. or other) MD
Address Maryville, Mo Date signed 6-1-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

18

7934

752

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville.

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.