

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 347

Primary Registration District No. 5487

Registrar's No. 141

42
0
0

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

1. PLACE OF DEATH: Henry
 (a) County Henry
 (b) City or town near Colhoun RR. 1
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Webb TWP
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 42
 (a) State Mo (b) County Henry
 (c) City or town Colhoun Mo RR. 1
(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 Edgus Davis Ridenour
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 18
 year 1942 hour 2 minute 7 P. M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 13 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 1 Months 2 Days 5 If less than one day _____ hr. _____ min.

Immediate cause of death Doctor that attended child stated it died from malnutrition. Duration _____
 Due to On account of high water doctor was unable to get to house.
 Due to The below witness to death is a

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

Other conditions near neighbors
(Include pregnancy within 3 months of death)

10. Usual occupation _____
 11. Industry or business _____
 12. Name Lestic Clay Ridenour
 13. Birthplace Pettus Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Belle Belt
 15. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

Major findings: W. F. Bolotin PHYSICIAN
 Of operations _____
 Of autopsy 200a

16. (a) Informant Lestic Ridenour
 (b) Address Colhoun Mo RR 1
 17. (a) Burial (b) Date thereof 6-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Webb Cem

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? _____

18. (a) Signature of funeral director Conrad + Peck
 (b) Address Clinton Mo
 19. (a) June 18, 1942 (b) Georgia Ridenour
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury 2
 23. Signature W. F. Bolotin (M. D. or other) _____
 Address Clinton Mo Date signed 6/18/42

RECEIVED

District Health Officer No. 71

District File Number 7-43-698

Date Filed 7-7-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.