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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29857

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 904

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED: 11
(a) State Missouri (b) County Buchanan
(c) City or town Agency Mo Rural 7 (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.? 0 years.

3. (a) PRINT FULL NAME ARTHUR W. RIDGE
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex M C 5. Color or race N 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dimple Ridge 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March (Month) 27 (Day) 1882 (Year)

8. AGE: Years 60 Months 5 Days 24 If less than one day ___ hr. ___ min.

9. Birthplace Agency (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name Thomas D Ridge
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Harriett Kirtley
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Chester L. Ridge
(b) Address St. Joseph 4009 Terrace Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Agency Cem
18. (a) Signature of funeral director H. A. Sullins
(b) Address Gower Mo
19. (a) 9-20-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1942 hour 12 45 minute P M.
21. I hereby certify that I attended the deceased from Sept 20, 1942, to Sept 21, 1942, that I last saw him alive on Sept 21, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio Pneumonia	4 ds
Due to: Myocarditis Toxic	4 ds
Due to: ✓	
Other conditions: ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy Yes	

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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 ✓

23. Signature Gustav A Lau O (M. D. or other) MD
Address Kirkpatrick Bldg St Joseph Mo Date signed 9-21-42

(Licensed Embalmer's Statement on Reverse Side)

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 H A Sullins

Licensed Embalmer No. 1738

P. O. Address Gower Mo

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

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