

S. No. 2
 M-5-42
 v. 5-17-39
 X32873

36735

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.
 Registrar's No. 1161

Registration District No. 42 Primary Registration District No. 1000

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:
 1319 Dewey Avenue,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 48 yrs. 2 mos. 27 days
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Buchanan
 (c) City or town Saint Joseph,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1319 Dewey Avenue,
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Thomas Ridley Jr.,
 3. (b) If veteran, name war None,
 3. (c) Social Security No. 712-01-5260

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November, Day 19th, year 1942, hour 1:40, minute P. M.

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,
 6. (b) Name of husband or wife Louise Ridley, 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased August 22nd, 1894
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-19-42, 1942, to 11-19-42, 1942, that I last saw him alive on 11-19-42, and that death occurred on the date and hour stated above.
 Immediate cause of death _____
 Duration _____

8. AGE: Years 48, Months 27, Days 27, If less than one day _____ hr. _____ min.

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Saint Joseph, Missouri, (City, town, or county) (State or foreign country)
 10. Usual occupation Cashier,
 11. Industry or business Terminal Ry. Co..

MOTHER FATHER

12. Name William Thomas Ridley Sr.
 13. Birthplace Saint Joseph, Missouri, (City, town, or county) (State or foreign country)
 14. Maiden name Bessie Hanna,
 15. Birthplace Unknown, Canada, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mrs. J. Ridley Jr.
 (b) Address 1319 Dewey Avenue Jr.,
 17. (a) Burial (b) Date thereof 11/23/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director _____
 (b) Address 319 So. 10th Street, _____
 19. (a) 11-23-42 (b) Rose Herzog
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Will W. Logan (M. D. or other) _____
 Address 222 Logan B. _____ Date signed 11/30/42

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

DEC 16 1942

OCT 24 1942

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, ~~of~~ 11-19-42

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wm. E. Sumnerfield*

Licensed Embalmer No. 5807

P. O. Address 519 B. 10 D. A. M

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.