

U.S. No. 2  
DOM-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. **3167**

FILED AUG 6 1943 149

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:  
**3807 Wayne Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community **46 Years**

3. (a) PRINT FULL NAME **Mrs. Lucinda Margaret Rider**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mr. Wickliffe Rider**

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

7. Birth date of deceased **February 14 1857**  
(Month) (Day) (Year)

8. AGE:

|           |          |          |                      |
|-----------|----------|----------|----------------------|
| Years     | Months   | Days     | If less than one day |
| <b>86</b> | <b>5</b> | <b>2</b> | _____ hr. _____ min. |

9. Birthplace **Dayton Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Allen Jackson**

13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Charity Owsley**

15. Birthplace **South Carolina**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. William A. Rider**

(b) Address **3807 Wayne Avenue**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **July 19, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **D. N. Newcomer, Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-19-43** (Date received local registrar)

(b) **D. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3807 Wayne Avenue**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16th**  
year **1943** hour **6** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **1939**  
**July 16** to **July 16**, 19**43**;  
that I last saw him **alive** on **July 10**, 19**43**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardites**

Due to **Bladder infection**

Other conditions **Carcinoma Bladder**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **no**

Of autopsy **no**

22. If death was due to external causes, fill in the following: **no**

(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 **Clyde O. Donaldson** (M. D. or other)

Address **430 Schubert Bldg** Date signed **7/17/43**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

438 ~~Shubert~~ Rudy  
9:30 - 2:38

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**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 Wile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address F. C. 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.**