

Registration District No. 341

Primary Registration District No. 3025

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Dexter  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard  
(c) City or town Dexter Mo 103  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Francis Matels Ridenhour

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 26-1858  
(Month) (Day) (Year)

8. AGE: Years 85 Months \_\_\_\_\_ Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Quanna Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

12. Name John Whiteside

13. Birthplace Dexter Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Whitburn

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sam Barber

(b) Address Dexter Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 '44  
(Month) (Day) (Year)

(c) Place: burial or cremation Dexter Mo

18. (a) Signature of funeral director William Paul  
(b) Address Dexter Mo

19. (a) 1-20-44 (Date received local registrar) (b) Mora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8  
year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 8, 1944 to Jan. 8, 1944  
that I last saw her alive on Jan 8, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous nephritis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 1318  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (c) Means of injury 220

23. Signature W. H. ... (M. D. or other) \_\_\_\_\_  
Address Dexter Date signed 1/10/44

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

331

RECEIVED

District Health Office No. 2,

District File Number 244-285

Date Filed 2-7-44

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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.....

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.**