

FILED AUG 16 1944

Registration District No. Primary Registration District No. 1200 Registrar's No. 810

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:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Weeks (Hospital)
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Curtis Ridgeway

3. (b) If veteran, name war 3. (c) Social Security No. 495-01-6892

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rose Ann 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 7 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 26 hr. min.

9. Birthplace Red Oak Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Swift & Co.

MOTHER FATHER { 12. Name John Ridgeway
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Ridgeway

(b) Address St. Charles Hotel

17. (a) Burial (b) Date thereof Aug. 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (c) Signature of funeral director Herman W. Sanderford

(b) Address 1802 Union St.

19. (a) 8/17/44 (b) Helen J. Fisher
(Data received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6.20.44, 19... to 8.3.44, 19...
that I last saw him alive on 8.2.44, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 48 hrs.
Due to Pathological fracture 9 mos
and Lumbar vertebra
Due to Chest infection

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 0 Of autopsy 0
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) 0
(b) Date of occurrence 8
(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. Signatory J. H. Ryan (M. D. or other) 7
Address St. Joseph Mo Date signed 8.4.44

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

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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.....

Robert H. Reed

Licensed Embalmer No.

3745

P. O. Address:

St Joseph 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.