

FILED OCT 13 1944

Registration District No. 40

Primary Registration District No. 1000

Registrar's No. 1002

1. PLACE OF DEATH:

(a) County Dickinson
(b) City or town St Joseph, Mo
(c) Name of hospital or institution: St Joseph Hospital
(d) Length of stay: In hospital or institution 3 hrs
In this community 3 hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton
(c) City or town Cameron
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME FRED WALDO RIDER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maie Rider 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Sept 2 1873

8. AGE: Years 69 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Horse Rides

12. Name Horse Rider

13. Birthplace Unknown Mo (City, town, or county) (State or foreign country)

14. Maiden name Amelia Berger

15. Birthplace Unknown Ind (City, town, or county) (State or foreign country)

16. (a) Informant Maie Rider

(b) Address Cameron

17. (a) Removal (b) Date thereof 10-11-44

(c) Place: burial or cremation Cameron Mo

18. (a) Signature of funeral director Ed Moore

(b) Address Cameron Mo

19. (a) 10/11/44 (b) Edna M. Gieble

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1944 hour 12 minute 10 P M.

21. I hereby certify that I attended the deceased from Oct. 11, 1944 to Oct. 11, 1944
that I last saw him alive on Oct. 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral bronchopneumonia Duration 4 days

Due to senility 2 yrs

Due to hypertensized arteriosclerosis 2 yrs

Due to Chronic myocarditis 2 yrs

Other conditions: _____ (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Cabrey Wortley, M.D. (M. D. or other) _____
Address St Joseph, Mo Date signed 10-11-44

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

MOTHER FATHER

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. 1180

P. O. Address Camden, Md.

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.