

**1. PLACE OF DEATH:**  
 (a) County St. Clair  
 (b) City or town Appleton City (rural) Osage Twp  
 (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  
 In this community 45 years  
 years, months or days (Specify whether)

**3. (a) PRINT FULL NAME** Arthur B. Ridgway  
**3. (b) If veteran, name war** No  
**3. (c) Social Security No.** 580-08-9990

**4. Sex** Male **5. Color or race** white  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Evelena Ridgway  
**6. (c) Age of husband or wife if alive** 8 years 1882  
**7. Birth date of deceased.** March (Month) 8 (Day) 1882 (Year)

**8. AGE:** Years 62 Months 7 Days 10 If less than one day hr. min.

**9. Birthplace** St. Clair County Missouri (City, town, or county) (State or foreign country)  
**10. Usual occupation** Farming

**11. Industry or business**  
**12. Name** Charles B. Ridgway  
**13. Birthplace** Unknown (City, town, or county) (State or foreign country)  
**14. Maiden name** Sarah Kelsey  
**15. Birthplace** Unknown (City, town, or county) (State or foreign country)

**16. (a) Informant** Evelena Ridgway  
**(b) Address** Appleton City Missouri  
**17. (a) Burial** (Burial, cremation, or removal) 10-24-44 (b) Date thereof (Month) (Day) (Year)  
**(c) Place: burial or cremation** Appleton City Cemetery

**18. (a) Signature of funeral director** Osceola Funeral Home  
**(b) Address** Osceola Missouri  
**19. (a) 10-24-44** (Date received local registrar) **(b) [Signature]** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County 9.3  
 (c) City or town Appleton City (If outside city or town limits, write "RURAL") 1  
 (d) Street No. 0 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ?

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month October day 18 year 1944 hour 5 minute M.  
**21. I hereby certify that I attended the deceased from** 5-15 1941, to 10-17 1944  
 that I last saw him alive on 10-17 1944  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

Cerebral Hemorrhage 30 hrs.  
 Due to Hypertension 3 1/2 yrs.

Due to arteriosclerosis 4-5 yrs.

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations [Signature]  
 Of autopsy \_\_\_\_\_  
**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) \_\_\_\_\_  
 (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** T.H. Tangler Jr. (M. D. or other) MD  
 Address Osceola, Mo. Date signed 10-18-44

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

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10-44-1220  
11-6-44  
Date Filed

**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 Paul Fuestone

Licensed Embalmer No. 3790

P. O. Address Acadia 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.