

S. No. 2
4-343
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17273**
Registrar's No. **48**

Registration District No. **164**

Primary Registration District No. **3032**

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

1. PLACE OF DEATH:

(a) County **Johnson**

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

(c) Name of hospital or institution:
Warrensburg Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **35 Days**
(Specify whether in this community years, months or days) **35 days**

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **Warrensburg**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Janet Sue Riddle**

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

3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased **April 25 1945**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 1 53 hr. min.

9. Birthplace **Warrensburg Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Arnold Riddle**

13. Birthplace **St. Clair Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Jean Flanery**

15. Birthplace **Warrensburg Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Jean Riddle**

(b) Address **Warrensburg Mo.**

17. (a) **Burial** (b) Date thereof **6-1-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) address **Warrensburg Mo.**

19. (a) **June 2 1945** (b) **Leslie M. Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31** year **1945** hour **6:45** minute **A** M.

21. I hereby certify that I attended the deceased from **4-25-45**, 19, to **May 31-45**, 19; that I last saw h. **alive** on **May 31**, 19 **45** and that death occurred on the date and hour stated above.

Immediate cause of death **Malnutrition**

Due to **Prematurity**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?

(Specify type of place)

While at work? (c) Means of injury?

23. Signature **D. F. Williams** (M. D. or other) **MD**
Address **Warrensburg Mo** Date signed **6-2-45**

1601 (Licensed Embalmer's Statement on Reverse Side)

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.....

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address. Warrensburg 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.