

S. No. 2  
OM-2-43  
v. 5-17-39  
I X33607

19653

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

REC JUL 3 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2627

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 1112 E. Armour  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1112 E. Armour  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANCIS M. RIDDELL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 30, 1874  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>10</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Barber

11. Industry or business Self

12. Name Francis Riddell

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

14. Maiden name Harriett Copenhaver  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Blanche Lee

(b) Address 1112 E. Armour

17. (a) Removal (b) Date thereof 6/20/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son,

(b) Address Kansas City, Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1945 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from January 1945 to June 18, 1945  
and that I last saw him alive on June 16, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Coronary occlusion?

Due to arterial sclerosis?

Other conditions (include pregnancy within 3 months of death) 94a

PHYSICIAN

Major findings: ✓

Of operations \_\_\_\_\_

Of autopsy ✓

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? no

23. Signature G. W. April (Specify type of place) \_\_\_\_\_  
While at work? no (e) Means of injury \_\_\_\_\_

Address 406 Whittman Day signed 6-19-45

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

10  
3  
8

Dr. Howard  
Wirtman Body  
6:30 PM 100 E 68 St  
GA 6979

**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 HD Blackman  
Licensed Embalmer No. 3639  
P. O. Address A. C. 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.**