

FILED JAN 5 1946  
Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 370

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hosp  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

(c) City or town: Poplar Bluff  
(If outside city or town limits, write "RURAL")

(d) Street No.: 332 N. main St. 3  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME: Charles Thomas Riddle

MEDICAL CERTIFICATION

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

20. DATE OF DEATH: Month Dec day 1  
year 1945 hour 8 minute 40 P.M.

4. Sex: male 5. Color of race: white

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

6. (b) Name of husband or wife: Clara Bell Riddle (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: Mar 7 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-26, 1945 to 12-1, 1945;  
that I last saw him alive on 12-1, 1945;  
and that death occurred on the date and hour stated above.

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

68 : 8 : 24 hr. min.

Immediate cause of death: Diabetes Mellitus

Duration: Unknown

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

Due to.....

Due to.....

10. Usual occupation: Owner

Other conditions: (include pregnancy within 3 months of death)

11. Industry or business: Furniture Store

Major findings: Of operations.....

12. Name: James M. Riddle

Of autopsy.....

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

14. Maiden name: Mandy Ezell

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

16. (a) Informant: Clara Riddle

(b) Address: 332 N. main St. Poplar Bluff

17. (a) Burial (b) Date thereof: 12-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Law Park Cem

18. (a) Signature of funeral director: W. H. Doby

(b) Address: Carving, Mo

19. (a) 12-28-45 (b) R. H. Menzies  
(Date received local registrar) (Registrar's signature)

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: J. W. Fonda (M. D. or other)  
Address: Poplar Bluff, Mo Date signed: 12-1-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED:

District Health Office No. 2,

District File Number 146-3475

Date Filed 1-2-46

**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 Velvet Johnson

Licensed Embalmer No. 186-4271

P. O. Address Quincy, Ill.

**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.