

FILED APR 4 1946

State File No. _____

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 W. Lexington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 63 years
years, months or days

3. (a) PRINT FULL NAME Ebenezer (n) Ridings

3. (b) If veteran, name was none
3. (c) Social Security No. 492-14-9504

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Bivorce
6. (b) Name of husband or wife Willie Mae Putts
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased April 28, 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Ray County
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Mining

12. Name Lewis Ridings

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

14. Maiden name Liza McGaugh
(City, town, or county) (State or foreign country)

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

16. (a) Informant Harold Ridings

(b) Address 1026 Lydia St., K.C. Mo.

17. (a) Burial (b) Date thereof 4/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope Cem.

18. (c) Signature of funeral director Quest-Lile Funeral

(b) Address Richmond, Mo. Home

19. (a) April 2-46 (b) Mal Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 315 W. Lexington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 10: minute 15 P.M.

21. I hereby certify that I attended the deceased from 3-25-46, 19____, to 4-30-46, 19____;
that I last saw him alive on 4-30-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchepneumonia Duration 2 days
Due to Influenza 1 week

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 32w
Of operations _____
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? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature Jos. F. Conroy (M. D. or other) _____
Address Richmond, Mo. Date signed 4-2-46

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

9389

273

APR 30 1945

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.....
P. O. Address.....

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.