

V. S. No. 2  
FORM-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 19 1946**  
Registration District No. 208

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37751  
Registrar's No. 457

Primary Registration District No. 367.761

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

1. PLACE OF DEATH:  
(a) County Marion county  
(b) City or town Woodland, Mo.  
(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 \_\_\_\_\_ (Specify whether)  
In this community Entire life (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME John Albert Ridgway  
3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sarah Belle 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased January 17th 1897  
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

12. Name Joseph Ridgway

13. Birthplace Missouri

14. Maiden name Clara Belle Lilly

15. Birthplace Missouri

16. (a) Informant Mrs. John Ridgway

(b) Address Woodland, Mo.

17. (a) Burial (b) Date thereof 10-1-1946  
(Burial, cremation, or other) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Million & Barkleew

(b) Address Shelbina, Mo.

19. (a) 10/17/46 (b) Clara B. Boone  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion 64  
(c) City or town Woodland  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 29th  
year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to Sept. 29, 1946  
that I last saw him alive on Sept. 29, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden death - Duration \_\_\_\_\_  
apoplexy  
chronic hepatitis,

Due to arteriosclerosis,  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Marion Mackinnon (M. D. or other) \_\_\_\_\_  
Address Palmira, Mo. Date signed October

189 (Licensed Embalmer's Statement on Reverse Side)

36300

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**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. *3498*

P. O. Address..... *Albina 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.**