No. 2
12-45
17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40814

Primary Registration District No. 1002

Registrar's No. 5271

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)

In this community: Since 1890

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.: 211 West Armour
(If rural, give location)

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

If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Isabelle Ridenour

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: widowed

6. (b) Name of husband or wife: John Ridenour

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

7. Birth date of deceased: December (Month) 13 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	0	0	hr. min.

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

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: James H. McQuaid
13. Birthplace: (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Laura Sockridge
15. Birthplace: (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: Mrs. E. L. Billings,
(b) Address: 211 West Armour, Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 12-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-16-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1946 hour minute P. M.

21. I hereby certify that I attended the deceased from June, 1946 to Dec 13, 1946 that I last saw him alive on: Dec 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	12/11/46
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Carcinoma left lung & colon.	1946

Major findings:
Of operations:
Of autopsy: 47 d

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? (e) Means of injury: 0

23. Signature: [illegible] (M. D.)
Address: 612 Professional Bldg. Date signed: 12/14/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. G. Willits

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address KC, 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.