No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37074

FILED DEC 3 1947

Registration District No. 32

Primary Registration District No. 5120

Registrar's No. 298

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Route 6 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community (years, months or days): 6 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Columbia (If outside city or town limits, write "RURAL") 2

(d) Street No.: 1709 Anthony St. (If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: LUTHER JAMES RIDGE

3. (b) If veteran, name war: World War II

3. (c) Social Security No.: 486-30-8590

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased: 7 (Month) - 27 (Day) - 1928 (Year)

8. AGE:

Years	Months	Days	If less than one day
19	3	20	hr. min.

9. Birthplace: Branson (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Student

11. Industry or business: U.S. Army

FATHER

12. Name: Almer A. Ridge 1

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

MOTHER

14. Maiden name: Violet Morgan

15. Birthplace: Swan (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Almer A. Ridge

(b) Address: 1709 Anthony St., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Columbia Cemetery

18. (a) Signature of funeral director: Parker Funeral Service

(b) Address: Columbia, Mo.

19. (a) 11-20-47 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1947 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fractures multiple	
Due to	
Due to: Tractor wreck	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

175 17 11

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify): Accident 010

(b) Date of occurrence: Nov 17-47

(c) Where did injury occur? (City or town) Boone (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)

While at work? yes (e) Means of injury 3

23. Signature: E J Ward Coroner (M. D. or other)

Address: Columbia Mo Date signed 11/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number DEC 2 1947
Date Filed DEC 1 9 1947 FEB 25 1948

FEB 16 1955
DEC 3 1947

DEC 4 1947

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 Thos L Waring

Licensed Embalmer No. 4132

P. O. Address Columbia, M

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.