

No. 2
2-43
-17-39
X39997

FILED MAR 27 1948 49

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1171

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Mo. K.C. Mo. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1001 West 71 St. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 1001 W. 71 St. Terrace life (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 West 71 St. Terrace
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1948 hour 8:00 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Jan 1
1947 to March 12 1948
that I last saw him alive on March 12 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial
degeneration Duration 4 yrs

3. (a) PRINT FULL NAME Earl Stone Ridge

3. (b) If veteran, name war No 3. (c) Social Security No. none
4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mae Wood Ridge 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 10 1981 1980
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired

11. Industry or business _____
12. Name William M. Ridge
Birthplace K. C. Mo. (City, town, or county) (State or foreign country)
Maiden name Mollie Stone
Birthplace Indep, Mo. (City, town, or county) (State or foreign country)
Informant Dr. Frank I. Ridge
Address 411 Alameda Rd.

13. (a) Burial (b) Date thereof 3-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
Stine & McClure
(d) Signature of funeral director _____
(e) Address K. C. Mo
(a) 3-15-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions Trans. Embolism (Passively) 15 yrs
(Include pregnancy within 3 months of death)
Major findings: non malignant
Of operations _____
Of autopsy 93-2

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 Frank I. Ridge (M. D. or other) MD
Address 411 Alameda Rd Date signed 3-13-48

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

See file of father's death

Dr. Frank D. Ridge
411 Alameda Rd
Apr 1960

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 N Reed

Licensed Embalmer No. 3745

P. O. Address H. C. 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. _____
Local Registrar's No. 1171

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26th day of March, 1948, before me appears _____

Mrs. Mae Wood Ridge, who, upon her oath, states that the original record of ~~birth~~ ^{death} for Earl Stone Ridge died March 12, 1948, in the State of Missouri, and which was filed at Kansas City, Mo. on March 12, 1948, should be corrected as follows:

Item No. 7 should read 1881, June 10

Instead of _____ 1880, June 10

Item No. _____ should read 66 yrs, 9 mo. 2 days

Instead of _____ 67 yrs, 9 mo. 2 days

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Mae Wood Ridge ^{Wife}
Relationship.

1001 West 71st Ter., Kansas City, Mo.

Present Address.

Subscribed and sworn to before me this 2 day of April, 1948.

My Commission expires My Commission Expires May 14, 1951
Robert Stephens Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-8890