S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 16 1948

Registration District No. 143

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12366

Primary Registration District No. 4232

Registrar's No. 54

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Willow Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell
(c) City or town Willow Springs
(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

3. (a) PRINT FULL NAME Sarah E. Ridgway
3. (b) If veteran, name war /
3. (c) Social Security No. 2
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John J. Ridgway
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 13 (Day) 1888 (Year)

8. AGE: Years 69 Months 6 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John Hagaman
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Isobel Daugherty
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mabel Colvin
(b) Address Spring Field - Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mtn. Grove Hillcrest Missouri
18. (a) Signature of funeral director Burns Funeral Home
(b) Address Willow Springs, Mo.
19. (a) 4/9/48 (Date received by local registrar) (b) Mabelle Ballard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1948 hour 9:45 minute a M.
21. I hereby certify that I attended the deceased from 4-2-48, 19..., to 4-7-, 19 48 that I last saw her alive on 4-5-, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	5 days
Due to Hypertension	10 yrs
Due to arteriosclerosis	5 yrs
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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature C. E. Callihan (M. D. or other)
Address Willow Springs, Mo. Date signed 4-7-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District [illegible] No. 5,
District File Number 448238
Date Filed 4-13-48

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 Fred W. Barnes, Registered Apprentice No. 413, working under my personal supervision.

Signed Thomas R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.