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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUL 3 1948  
Registration District No. 199

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19637  
Registrar's No. 2580

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County JACOBSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution: 3240 TRACY AVENUE  
(d) Length of stay: In hospital or institution 2 YEARS  
In this community 2 YEARS

3. (a) PRINT FULL NAME MR. ELI (NONE) RIDEOUT  
3. (b) If veteran, name war No

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife MRS. MARY ANN RIDEOUT  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased MAY - 24 - 1864

8. AGE: Years 84 Months 0 Days 25

9. Birthplace SHARLES BURY ENGLAND

10. Usual occupation RETIRED MERCHANT

11. Industry or business WINDSOR MISSOURI

12. Name STEVEN RIDEOUT

13. Birthplace ENGLAND

14. Maiden name MARY ANN CURLY

15. Birthplace ENGLAND

16. (a) Informant MRS. RAYMOND E. RIDEOUT  
(b) Address 3035 EAST 59TH STREET

17. (a) BURIAL (b) Date thereof JUNE 19 1948  
(c) Place: burial or cremation WINDSOR, MISSOURI

18. (a) Signature of funeral director O. H. Newcomer  
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-20-48 (b) Signature of Registrar

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(d) Street No. 3240 TRACY AVENUE  
(e) Citizen of foreign country? YES  
If yes, name country ENGLAND

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JUNE day 19th year 1948 hour 7 minute 06 A.M.

21. I hereby certify that I attended the deceased from 6-15 1948 to June 19 1948  
that I last saw him alive on June 17 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral edema

Due to: Cerebral edema - Sepsis - Sepsis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 830  
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?  
(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: J. V. Dill (M. D. on duty)  
Address: 2999 Plaza, Tulsa, Okla. Date signed: 6/20/48

411 W. 10th St. S. S. D.

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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 Bernard L. Moran

Licensed Embalmer No. 4250

P. O. Address MC Ms

**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. ;**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2580

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....  
(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  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Eli Rideout

3. (b) If veteran name war..... 3. (c) Social Security No. 514-20-9664

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased..... (Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....  
13. Birthplace..... (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 6-20-48 (b) Geraldine Holms  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, 1948 year 19 hour 10 minute 00 M.

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

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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..... (M. D. or other)

Address..... Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

S-19637