FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 9 1948

Registration District No. 337

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4497

State File No. 21891

Registrar's No. 57

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Clarence
(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 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 102
(c) City or town Clarence 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert M Ridings
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Della Ridings
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Feb. (Month) 21st (Day) 1867 (Year)

8. AGE: Years 81 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Randolph Co (City, town, or county) Mo. (State or foreign country) U
10. Usual occupation Retired
11. Industry or business Carpenter

FATHER
12. Name P.F. Ridings
13. Birthplace (City, town, or county) England (State or foreign country) U

MOTHER
14. Maiden name Mary J Larrick
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Charles Ridings
(b) Address Clarence Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Clarence Mo
18. (a) Signature of funeral director Million & Barkelew
(b) Address Clarence Mo.
19. (a) July 2-48 (Date received local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1948 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from april 1946 to June 5th 1948; that I last saw him alive on June 5th 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	3 weeks
Due to Cerebral Hemorrhage	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 83

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)
(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 9

23. Signature B.L. Edrington (M. D. or other) D.O.
Address Clarence, Mo. Date signed June 11, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 7-48-
Date Filed JUL 7 - 1948

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 Henry G. Parkelen

Licensed Embalmer No. 3835

P. O. Address Shelburn W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.