

FILED AUG 24 1948

Registration District No. 282

Primary Registration District No. 3035

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Balmain
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
515 East Maupin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 years (years, months or days)

3. (a) PRINT FULL NAME Edmund Isaac Riddle
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Riddle 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased: May 26 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 28 If less than one day _____ hr _____ min

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

10. Usual occupation Farmer

11. Industry or business Farming

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

16. (a) Informant Mrs. Troy Reynolds
(b) Address Balmain, Mo.
17. (a) Burial (b) Date thereof July 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Giles

18. (a) Signature of funeral director Carroll and Blue
(b) Address Balmain, Mo.
19. (a) Aug 19, 1948 (b) Ralph Jordan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pack 94
(c) City or town Balmain
(If outside city or town limits, write "RURAL")
(d) Street No. 515 East Maupin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1948 hour 4:30 minute _____ M.
21. I hereby certify that I attended the deceased from 22 JULY 1948
_____ 19 _____ to 24 JULY 19 48
that I last saw him alive on 24 July 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 48 hr.
et.

Due to arteriosclerosis, general-ized with hypertension 2 yr +
Due to _____

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? _____ Means of injury _____
23. Signature John Robinson (M. D. or other) MD.
Address Balmain, Mo. Date signed 14 Aug 48

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

2
43
39
37823

RECEIVED
District Health Officer No. 7,
District File Number 7-48950
Date Filed 8-23-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Chas Jester
Licensed Embalmer No. 4154
P. O. Address Bolivar, 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.