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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 36198

Registrar's No. 1008

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield,
(If outside city or town limits, write "RURAL")

(d) Street No. 1081 South Douglas
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph J Ridley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Ridley

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March (Month) 17 (Day) 1875 (Year)

8. AGE: Years 73 Months 8 Days 1 If less than one day hr. min.

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

10. Usual occupation Market Gardener

11. Industry or business

FATHER
12. Name Thomas Ridley
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Ridley
(b) Address 1081 South Douglas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 11-23-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th year 1948 hour 2 minute 15 AM.

21. I hereby certify that I attended the deceased from 11-3, 1948, to 11-18, 1948 that I last saw him alive on 11-18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal hypostatic pneumonia	
Due to: agranulocytosis of undetermined etiology	
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? (e) Means of injury

23. Signature G E Terrell (M. D. or other)
Address Springfield MO Date signed 11/30/48

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1949

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 F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.