

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 15 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40323
State File No. _____
Registrar's No. 5272

Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: ST. JOSEPH HOSPITAL
(d) Length of stay: In hospital or institution 1 WEEK
In this community 1 WEEK

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County 9th
(c) City or town FORT SCOTT
(d) Street No. 743 WILSON STREET
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MRS. MOLLIE FRANCES RIDGE
(b) If veteran, No
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER, day 27TH
year 1948 hour 11 minute 40 A.M.
21. I hereby certify that I attended the deceased from
December 19, 1948 to December 27, 1948.
that I last saw her alive on December 27, 1948.
and that death occurred on the date and hour stated above.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife MR. SAMUEL BUCHANAN RIDGE
7. Birth date of deceased: APRIL 8 1886

Immediate cause of death
Sub-ARACHNOID HAEMORRHAGE
Due to ESSENTIAL HYPERTENSION
Duration 8 days
15 years

8. AGE: Years 62 Months 8 Days 19
9. Birthplace: ARCADIA KANSAS
10. Usual occupation: AT HOME

Other conditions: CARDIAC Hypertrophy, ARICULAR Fibrillation, Obesity
Major findings: PHYSICIAN
Of operations: none
Of autopsy: none

11. Industry or business
12. Name: PETER FOWLER
13. Birthplace: ARCADIA KANSAS
14. Maiden name: SADIE STILLER
15. Birthplace: ARCADIA KANSAS
16. (a) Informant: MR. THOMAS RIDGE
(b) Address: RICHLAND, WASHINGTON
17. (a) BURIAL (b) Date thereof: DEC. 27 1948
(c) Place: burial or cremation: FORT SCOTT KANSAS
18. (a) Signature of funeral director: O. W. Hawthorn's Son
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 12-27-48 (b) Geraldine Holmes

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?
Raymond W. O'Brien
While at work? (e) Means of injury
Signature: Raymond W. O'Brien (M. D. or other) M.D.
Address: 2317 West 47th
Date signed: 12-27-48
Kan. City, Mo

2-24
Thayer
Muirhead Bell

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. Horan*

Licensed Embalmer No..... *4250*

P. O. Address..... *W.C. Ho.*

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.