No. 300
10-48

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

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16107

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2038

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 47
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3
d. STREET ADDRESS (If rural, give location): 510 Broadway 6 0

3. NAME OF DECEASED (Type or Print)
a. (First): Howard
b. (Middle):
c. (Last): Ridge

4. DATE OF DEATH (Month): 4 (Day): 28 (Year): 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: 10-13-1905
9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Laborer
10b. KIND OF BUSINESS OR INDUSTRY: C & O. R.R.
11. BIRTHPLACE (State or foreign country): Tenn. 1
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Cannie Ridge
14. NAME OF HUSBAND OR WIFE: Genevieve Ridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Genevieve Ridge; ADDRESS: Toledo Ohio

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) 332 X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 21, 19 49, *to* April 28, 19 49, *that I last saw the deceased alive on* April 28, 19 49, *and that death occurred at* 4:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm. W. Hart (Degree or title) Wm W. Hart MD
23b. ADDRESS: Med. Dir. Gen'l Hosp.
23c. DATE SIGNED: 4-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-7-49
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary; K.C. Kan.
24d. LOCATION (City, town, or county) (State): Kansas City, Kan.

DATE REC'D BY LOCAL REG.: 5-9-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: B. E. Weikert
ADDRESS: K.C. 8, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Scott

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Signed Blaine E. Weilert

Signed _____
Student Embalmer

Licensed Embalmer No. 4075

P. O. Address K.C. 8, 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.