

FILED MAR 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8770

1144

BIRTH NO. 2117-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1144

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) life	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 2458 Charlotte Street	

3. NAME OF DECEASED (Type or Print) a. (First) RHODA b. (Middle) JANE c. (Last) RIDGNAL			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 2 1951		
5. SEX FEMALE 3		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 10	
8. DATE OF BIRTH JANUARY 5 1951		9. AGE (In years last birthday) 28		IF UNDER 1 YEAR Days 28 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI 0	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME LUTHER VELTON RIDGNAL		13b. MOTHER'S MAIDEN NAME JANE WILLIE LAWSON		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JANE W. RIDGNAL 2458 Charlotte Street	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO PNEUMONIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 7630	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ATELECTASIS TO LUNG					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-5, 1951, to 2-2, 1951, that I last saw the deceased alive on 2-2, 1951, and that death occurred at 9:50Pm., from the causes and on the date stated above.

23a. SIGNATURE OF Frank Ellis (Degree or title) MD		23b. ADDRESS MD 600 East 22nd Street		23c. DATE SIGNED 2-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-13-51		24c. NAME OF CEMETERY OR CREMATORY Leeds Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City MO		25. REGISTRAR'S SIGNATURE Sheralding Holmes ADDRESS Wm. C. Stampel R. C. MO			
DATE REC'D BY LOCAL REG. 3-14-51		25. HEALTH DEPARTMENT DIRECTOR'S SIGNATURE ADDRESS			

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

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 _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed _____

Wm. A. Johnson

Signed

Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *K. C. 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.
