

REC'D MAY 23 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15247

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
(b) Township Mason Primary Registration District No. 3029 Registered No. 105  
(c) City Hannibal (d) Street No. 1519 Turn St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John L. Richards

(a) Residence, No. 1519 Turn St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LUCY  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-3-1855  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Island Ill

FATHER 13. NAME Joseph Richards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME Nancy Burch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) Mrs. Lucy Richards  
1519 Turn St. Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Norton Cem. DATE April 11th, 1938  
near Center Mo

19. FUNERAL DIRECTOR (ADDRESS) James O'Donnell  
Hannibal, Mo.

20. FILED April 11, 1938 J. L. Fisher Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1938 to April 4th, 1938  
I last saw him live on April 9, 1938. Death is said to have occurred on the date stated above, at 12:30 am.

The principal cause of death and related causes of importance were as follows:

Thrombosis  
Infection

Date of onset

Other contributory causes of importance: 15  
11

Name of operation no Date of no  
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19no  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Cut finger of left hand  
Nature of injury Infection

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Plumbers M. D.

(Signed) J. L. Fisher (Address) 2005 Market St.

185  
19

STATEMENT BY LICENSED EMBALMER

I, Michael J. O'Connell, Licensed Embalmer No. 3246

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Michael J. O'Connell  
Licensed Embalmer No. 3246

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
 (b) Township..... Primary Registration District No. 3029 Registered No.....  
 (c) City Hannibal (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John L. Richards St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 1855  
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
82 9 6  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 FATHER  
 13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 MOTHER  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 17. INFORMANT (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
 19. FUNERAL DIRECTOR (ADDRESS)  
 20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 9 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.  
 The principal cause of death and related causes of importance were as follows:  
Thrombosis  
Infection  
 Other contributory causes of importance: 180  
 Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy?  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury 9/28 1938  
 Where did injury occur? at home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Cut finger of left hand  
 Nature of injury  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) R. J. Featherbridge, M. D.  
 (Address) 2065 Market St

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar.

