DEC'D FEB 21 1939

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

2117
Do not use this space.

1. PLACE OF DEATH

(a) County Dallas — Registration District No. 241

(b) Township S. Benton — Primary Registration District No. 5834 — Registered No. 1205

(c) City Buffalo — (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 262 Annie E. Richerson

(a) Residence, No. ..... 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: T. R. Richerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 18-1871

7. AGE: YEARS 67 — MONTHS 8 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
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): mo.

FATHER
13. NAME: E. W. Powell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): mo.

MOTHER
15. MAIDEN NAME: Francis Welch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): mo.

17. INFORMANT (ADDRESS): Claude Williams, Buffalo mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Powell Cem. DATE 1-15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): L. B. Jones, Buffalo mo.

20. FILED 1/19 1939 Harvey Morrow, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1935, to Jan. 12, 1939
I last saw her alive on Jan. 12, 1939. Death is said to have occurred on the date stated above, at 11:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1-11-39

Other contributory causes of importance:

Chronic myocarditis + arteriosclerosis

Name of operation ..... Date of .....
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? ..... Date of injury ....., 19....
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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Claude O. Dammon, M. D.
219 (Address) Buffalo, mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7
District File Number 7-39-194
Date Filed 2-6-39

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.