

REC'D FEB 28 1939

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

4069

Do not use this space.

1. PLACE OF DEATH *Shelby* *W*
(a) County *Shelby* Registration District No. *827*
(b) Township *Calay* Primary Registration District No. *6089* Registered No. *3*
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 *John Simpson Richison*
(a) Residence, No. *225* 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) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *✓*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 30 1879*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
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) *Shelby Co. Mo.*

FATHER 13. NAME *James Richison*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Md.*

MOTHER 15. MAIDEN NAME *Eliza Patton*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *Harry Glahn*
(ADDRESS) *Shelbyville, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Patton Cemetery* DATE *Feb 2 1939*

19. FUNERAL DIRECTOR *E. P. Thompson*
(ADDRESS) *Shelbyville, Mo.*

20. FILED *Feb 1 1939* *W. Roy Hamiston*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 31 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1930*, 1930, to *Jan 31*, 19....
I last saw h..... alive on....., 19.... Death is said to have occurred on the date stated above, at *4:00 p.m.*
The principal cause of death and related causes of importance were as follows:
Coronary Embolus
A2C
Other contributory causes of importance: *Chronic myocarditis* 1930

Date of onset *Jan 31 1939*

Name of operation *none* Date of.....
What test confirmed diagnosis? *none* Was there an autopsy? *none*

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

Manner of injury *no*
Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *no*
(Signed) *D. L. Nareen*, M. D.
Clarence

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79
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RECEIVED

District Health Officer No. 10

District File Number

10-39-215

Date Filed

FEB 10 1938

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)