

REC'D MAR 16 1939

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

6681
Do not use this space.

1. PLACE OF DEATH

(a) County Howard ² Registration District No. 380
(b) Township Franklin ¹ Primary Registration District No. 5530 Registered No. 2
(c) or City (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 John W. Richey

(a) Residence, No. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Jennie Richey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22-1951
7. AGE YEARS 87 MONTHS 1 DAYS 14 If LESS than 1 day, hrs. or min.
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) Jan-1939 11. Total time (years) spent in this occupation Per
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co. Mo
FATHER 13. NAME John R. Richey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co. Mo
MOTHER 15. MAIDEN NAME Margaret Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co Mo
17. INFORMANT (ADDRESS) Wesley Richey New Franklin Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bunceton Mo DATE Feb 6 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Baller Boonville Mo
20. FILED 2-6- 1939 Clare V. Randrum Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-5th 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939 to Feb 4, 1939
I last saw him alive on Feb 4, 1939 Death is said to have occurred on the date stated above, at 1230 midnight
The principal cause of death and related causes of importance were as follows:
Brachio-pneumonia Date of onset Feb 2-39
Aspl
Other contributory causes of importance:
senility
myocarditis
arteriosclerosis
Name of operation Date of
What test confirmed diagnosis? none 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 none
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) St. J. Chamberlain, M. D.
(Address) New Franklin Mo

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. 8,
District File Number
3/6/39
Date Filed

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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, above space should be left blank.