

REC'D APR 19 1934

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

11803  
Do not use this space.

1. PLACE OF DEATH

(a) County Pennsacola Registration District No. 656  
(b) Township Holland Primary Registration District No. 6781 Registered No. ....  
(c) City Holland (d) Street No. .... (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

263 William W. Richard  
(a) Residence, No. Holland, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mauda Richard</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 18, 1874</u>			
7. AGE	YEARS <u>64</u>	MONTHS <u>5</u>	DAYS <u>25</u>
			If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Turner</u>		
	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) <u>Tennessee</u>			
FATHER	13. NAME <u>William Richard</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
MOTHER	15. MAIDEN NAME <u>Unobtainable</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Mauda Richard</u> (ADDRESS) <u>Holland, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Zion</u> DATE <u>Feb. 15, 1934</u>			
19. FUNERAL DIRECTOR (NAME) <u>Walt Funeral Home</u> (ADDRESS) <u>Bluebell, Ark.</u>			
20. FILED <u>3-22-34</u> <u>Tom Ruggins</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1934 to 2-13, 1934  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5:20 P.M.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis of the heart and aorta, coronary artery disease, and atherosclerosis of the coronary arteries.  
Date of onset

Other contributory causes of importance: 16<sup>th</sup>

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....., 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?.....  
If so, specify DCM..... M. D.  
(Signed) Dr. J. L. Lewis  
5455 (Address) Holland, 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.

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**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 comply with the above constitutes grounds for revocation of license.)**

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