WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

45
2
1

LAW JUL 15 1939

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

22250
Do not use this space.

2
1

1. PLACE OF DEATH
(a) County Howard. Registration District No. 378
(b) Township Primary Registration District No. 4222 Registered No. 35
(c) City Fayette, (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 263 Gussie E. Richards,
(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 Female
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 Dr T.C. Richards,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) II/28th I87I
7. AGE 67 YEARS MONTHS 5 DAYS I6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Missouri, 0

FATHER
13. NAME Frank Carson, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

MOTHER
15. MAIDEN NAME Louisa Jones,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) Dr T.C. Richards, Fayette, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary. DATE 5/I5th I939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Hallet Fayette, Mo.
20. FILED July 5, 1939 V. O. Bonham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5. I4th I939, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to May-14, 1939
I last saw her alive on May 14, 1939 Death is said to have occurred on the date stated above, at 12 40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	May 1st 39
Suppression of Urine	May-Oct

48

Other contributory causes of importance:

Pernicious Anaemia	June 1939
Carcinoma Cervix Uteri	Jan 1939

Name of operation none Date of
What test confirmed diagnosis? Lab. Tests 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) T. C. Richards, M. D.
339 (Address) Fayette Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/7/39

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

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