

Registration District No. 735Primary Registration District No. 3034Registrar's No. 212

1. PLACE OF DEATH:

- (a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits) write "RURAL" and name of township)
 (c) Name of hospital or institution:
909 So Williams ✓
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
years, months or days8. (a) PRINT FULL NAME Joan H Richmond

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Edgar M Richmond 6. (c) Age of husband or wife if alive 75 years7. Birth date of deceased Dec. 12th 1861
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
77 10 25 hr. min.9. Birthplace _____ (City, town, or county) (State or foreign country) Mo10. Usual occupation At home 011. Industry or business _____ 012. Name Joseph Hammett13. Birthplace _____ (City, town, or county) (State or foreign country) Mo14. Maiden name Mary Jane Richmond (City, town, or county) (State or foreign country)15. Birthplace _____ (City, town, or county) (State or foreign country) Mo16. (a) Informant's own signature Edgar M. Richmond(b) Address Moberly Mo17. (a) Burial (b) Date thereof Nov 9th 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Moberly Mo18. (a) Signature of funeral director Mahan and Son(b) Address Moberly Mo19. (a) Nov 9-1939 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 909 So. Williams
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7th
year 1939 hour 9 minute 30 P. M.21. I hereby certify that I attended the deceased from
Nov. 9, (A.M.) 1939, to Nov. 9, (P.M.) 1939
that I last saw him alive on Nov. 9, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Occlusion Duration 15 hrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations noneOf autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Mary P. Hammett (M. D. or other) _____
Address Moberly, Mo Date signed 11-9-1939

RECEIVED

District Health Officer No. 10

District File No. 12-39-2211

Date Filed **DEC 12 1973**

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 *Frank D. Witt*

Licensed Embalmer No. 3021

P. O. Address *Moberly 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.