

FILED MAR 12 1940

Registration District No. 968

Primary Registration District No. 6184

Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

110

**1. PLACE OF DEATH:**

(a) County Washington

(b) City or town Rural - Belgrade  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 2 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Washington

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. near Jaynes Creek School  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Mary E. Richards

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex fem.

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew Richards

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 9, 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace unknown Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Turner

13. Birthplace unknown Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Ellis

15. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sam Richards

(b) Address Caledonia Mo.

17. (a) Caledonia Mo. (b) Date thereof Feb. 18, 1940  
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist Cem.)

18. (a) Signature of funeral director Norman White & Sons.

(b) Address 927 White Tronton Mo.

19. (a) March 2nd 1940 (b) D. M. Davidson  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 17 year 1940 hour 5 minute 0 A. M.

21. I hereby certify that I attended the deceased from 2/12/1940 to 2/19/1940; that I last saw her alive on 4:00 P.M. 2/19/1940; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration \_\_\_\_\_

Due to Primary Bronchial Pneumonia complicated by a nephritis

Due to And Anemia. CHRYDIA

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 121

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(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? \_\_\_\_\_

23. Signature D. M. Davidson (e) Means of injury 3  
(Date) (Address) (Date signed)

Address Belgrade, Mo. Date signed 2/24/40

NOV 4 1953

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 Armed J. White  
Licensed Embalmer No. 3012  
P. O. Address Clinton New

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.