

APR 13 1940

Registration District No. 48

Primary Registration District No. 4024

Registrar's No. 14

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

1. PLACE OF DEATH:
 Barton
 (a) County Barton
 (b) City or town Lamar
(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)
 In this community 28 yrs
years, months or days

8. (a) PRINT FULL NAME Frank August Richter 236
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs Anna Richter 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 9th, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>0</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Anton Richter
 13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name UNKNOWN
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Richter
 (b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 3-16-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director River funeral home
 (b) Address Lamar, MO.

19. (a) March-15-1940 (b) Mrs Josephine Ornduff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton
 (c) City or town Lamar
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 13th
 year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 7
1940, to March 13, 1940
 that I last saw him alive on March 13, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____

Due to General Toxemia

Due to Infectious Erisipelas of the Liver

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: 1240
 Of operations _____
 Of autopsy _____

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? _____

40 While at work? _____
(Specify type of place) (a) Means of injury _____

23. Signature Karl K. Kraft (M.D. or other) DO
 Address Lamar, MO. Date signed 3/15/40

RECEIVED

District Health Officer No. 6,

District File Number 440-992

Date Filed APR 8 1940

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.