

No. 2
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FILED APR 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

✓
No. 12695

Registration District No. 874

Primary Registration District No. 615/B-45-2 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH

(a) County Wenatch
(b) City or town Moundsville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 21
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 39 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sherman
(c) City or town Moundsville
(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 Mar. day 18 - 1940
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Jan 19 1940, to Mar 18 1940;
that I last saw her alive on Feb 7 1940
and that death occurred on the date and hour stated above.

8. (a) PRINT FULL NAME MARGARET ARMINA RICH
8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex fm 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Margaret Rich 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 26 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Pettis Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name Squid Madris
13. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ware

15. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Birdie Yakeey
(b) Address Moundsville, Mo.

17. (a) Burial (b) Date thereof Mar 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Melborn Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo.

19. (a) Mar 28 (b) Mrs. M.B. Primm
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to Don't know

Other conditions (Include pregnancy within months of death)
Major findings Of operation Threatened Pneumonia in January 1940

Of autopsy No 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? 7061
(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature W. Love (M. D. or other) _____
Address Nevada, Mo Date signed 3-25-40

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

0-8

Duration Mar 18/40
Physician Don't know

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

over

Cause of death unknown. Injury of heart and lungs.

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 Ernest

Registered Apprentice No. _____

working under my personal supervision.

Signed

Lloyd B. Winicatt

Licensed Embalmer No.

3857

P. O. Address

Yucadia, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12695

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 874

Primary Registration District No. 4528

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Maundville
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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.

3. (a) PRINT FULL NAME

Margaret Armintha Rich

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife, _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 18
year 1990 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Pr. Pneumonia

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
about 3 or 4 days

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. Love _____ (M. or other) _____
Address Nevada, MO Date signed _____

SUPPLEMENTAL

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

1940

S-12695