

FILED JUN 1 1940
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19358**

Registration District No. **574**

Primary Registration District No. **5988**

Registrar's No. **1446**

1. PLACE OF DEATH:

(a) County **Ripley**
(b) City or town **Jahanni Township**
(c) Name of hospital or institution: **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ripley**
(c) City or town **Rural**
(If outside city or town limits write "RURAL")
(d) Street No. **12 miles N.E. of Danphan on Little Black River**
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME **Tennessee Artela Richmond**

8. (b) If veteran, name war **L** 3. (c) Social Security No. **255**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **J. W. R. Richmond** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **MARCH 12 1857**
(Month) (Day) (Year)

8. AGE: Years **83** Months **2** Days **5** If less than one day hr. min.

9. Birthplace **Carter Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **Lidge Fuller**

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

14. Maiden name **Lowell**

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

16. (a) Informant **Mrs. Lou Emerson**

(b) Address **Naylor Mo**

17. (a) **Burial** (b) Date thereof **April 8 - 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director **Minnie Gish**

(b) Address **Naylor Mo**

19. (a) **4/8 1940** (b) **Steinbult**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7**
year **1940** hour **1** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Feb 24**, 19**40**, to **April 7**, 19**40**

that I last saw him alive on **Feb 25**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **hypertension**

Due to **Feb 24 1940 had fracture of angular neck of right femur**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **no**

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?

(e) Means of injury

23. Signature **Steinbult** (M. D. or other) **1**

Address **Naylor Mo** Date signed **4/8 1940**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

194 B
99

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.

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number 540613

Licensed Embalmer No.....

Date Filed 5-22-40

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19358
Registrar's No. 1476

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 751

Primary Registration District No. 5988

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

1. PLACE OF DEATH:

(a) County Russell
(b) City or town Johnson T.P.
(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

Tennessee Artels Richmond

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 7
year _____ hour _____ minute _____ M.

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 _____ year
7. Birth date of deceased: (Month) (Day) (Year)

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.

8. AGE: Years 83 Months - Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration _____
Hypertension
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) Feb 24-1940 had fracture neck of rt femur

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) _____

Major findings: none
Of operations _____
Of autopsy _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) July 22 1940 (b) _____ (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accidental
(b) Date of occurrence: Feb 24 1940 "aged"
(c) Where did injury occur? at her home Republic
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? yes (Specify type of place) _____ Means of injury fall

23. Signature H. E. White (M. D. or other) _____
Address Taylor Mo Date signed _____

SUPPLEMENTAL

S-19358