No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25078

State File No. .....

Registration District No. 289 Primary Registration District No. 4173 Registrar's No. 44

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of 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 ..... (Specify whether
In this community ..... years, months or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Malden Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ..... years.

3. (a) PRINT FULL NAME Geo. D Richeson 220

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov. (Month) 13 (Day) 1885 (Year)

8. AGE: Years 54 Months 8 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Saline Co. Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Com. Labor

11. Industry or business

FATHER
12. Name Monroe Richeson
13. Birthplace Saline Co. Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Smith
15. Birthplace Saline Co Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Ben Richeson
(b) Address Malden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Malden Mo

18. (a) Signature of funeral director W. R. Craig
(b) Address Malden Mo

19. (a) 8/1/1940 (Date received by local registrar) (b) Lee Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 31 year 1940 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from July 24, 1940 to July 31, 1940 that I last saw him alive on July 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy — Duration over 24 hr

Due to .....

Due to 82 N

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
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? 2 (Specify type of place)
While at work? ..... (e) Means of injury 3

23. Signature H. D. Davis (M. D. or other) MD
Address Malden Mo Date signed 8-1-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 840-183
Date Filed 8/12/40

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 V. H. Craig

Licensed Embalmer No. 2850

P. O. Address Malden Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.