DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 35004

NOV 15 1940

Registration District No. 124

Primary Registration District No. 4070

Registrar's No. 40

**1. PLACE OF DEATH:**

(a) County Cape Girardeau

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

(c) Name of hospital or institution: West Mary St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 2 months 14 da. (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Cape Gir

(c) City or town Jackson (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 Richard Lynn Ladreiter

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Aug (Month) 8 (Day) 1940 (Year)

8. AGE: Years ____ Months 2 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Cape Girardeau (City, town, or county) Mo. (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER 12. Name Vernon Ladreiter

FATHER 13. Birthplace Nez Perce (City, town, or county) Idaho (State or foreign country)

MOTHER 14. Maiden name Trula Blaylock

MOTHER 15. Birthplace Pocahontas (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Vernon Ladreiter

(b) Address Jackson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights Cemetery

18. (a) Signature of funeral director S. C. Crumpe

(b) Address Jackson, Mo.

19. (a) 10-22-40 (Date received local registrar) (b) W. F. Seibert (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 22 year 1940 hour around 5 minute A. M.

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

| | Duration |
|---|---|
| Immediate cause of death Thymus deased | |
| I Coroner E.R.Trickey after | |
| hering the evidence in the case | |
| Due to and consulting the Docters | |
| find that the Deceased Richard Lynn | |
| Due to came to his death from Thymus | |
| deasese | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy None | |

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 E. R. Trickey Coroner (M.D. or other)

Address 4th & Pacific St Cape Gir, Date signed 22 Oct 1940

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

## 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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson 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.**