V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

108

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1940

State File No. 40010

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 282

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town ~~Nevada~~ Rural W 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Washington township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community 25 yrs 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada Rt # 2
(If outside city or town limits, write "RURAL")

(d) Street No. Washington township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Charles Montgomery Richards

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Bernice Richards

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec (Month) 10, (Day) 1852 (Year)

8. AGE: Years 87 Months 10 Days 29 If less than one day ____ hr. ____ min.

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

10. Usual occupation Piano Tuner

11. Industry or business Self employed

FATHER
12. Name Regin Richards
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Evans
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Bernice Richards
(b) Address Nevada, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 12, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Scott, Kansas

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

19. (a) 11-12-40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9, year 1940 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from Nov 8/40, 19__, to Nov 9, 1940, that I last saw ~~him~~ alive on Nov 8, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Lastric Hemorrhage — Duration
Don't know the cause

Due to Could find no specific cause

Due to

Other conditions Normal
(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?
While at work — (Specify type of place) (e) Means of injury —

23. Signature J. R. Love (M. D. or other)
Address Nevada, Mo Date signed 11/12/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-40-1691
Date Filed 12-4-40

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 Lloyd R. Winnett

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.