

No. 2  
-13-40  
17-39  
K228159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3804

State File No. \_\_\_\_\_

Registration District No. 668

Primary Registration District No. 30525889

Registrar's No. #2

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:  
Sedalia Route #2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Sedalia Route #2  
(If rural, give location)

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

3. (a) PRINT FULL NAME Bonnie Francis Richards

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

4. Sex F 5. Color or race W 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 July 24 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5 7 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Louis W Richards

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

14. Maiden name Hollie Jackson

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

16. (a) Informant Mrs Louis Richards

(b) Address Sedalia R.F.D

17. (a) Burial (b) Date thereof 1/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Mrs Langlin Burr

(b) Address Sedalia

19. (a) 1-2-41 (b) Wesley Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15  
year 1941 hour 2 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 28 \_\_\_\_\_ 1941  
December 1940 to Jan 1 1941  
that I last saw him alive on Dec 31 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Influenza

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

23. Signature [Signature] (Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (2) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Sedalia Date signed 1/2/41

RECEIVED  
District Health Officer No. 8,  
District File Number 1-11-41  
Date Filed

**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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia

**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, fact should be so stated above.