

Registration District No. 861

Primary Registration District No. 6175

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Warren
(b) City or town New Truxton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Rural Church
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren / (c) City or town New Truxton (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Camp branch township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 years years.

3. (a) PRINT FULL NAME Johanna Richterberg

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 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 12 7 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Aurich 4 Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business General duties

MOTHER FATHER { 12. Name Fredrich Simon, Richterberg

13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

14. Maiden name Settle Johnson Ketwich

15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Otto Richterberg

(b) Address New Truxton Mo.

17. (a) Burial (b) Date thereof 3-4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cem Truxton Mo

18. (a) Signature of funeral director Olson A Jones

(b) Address Bellflower Mo

19. (a) March 4 1941 J W Seeling
(Date received local registrar) (Registrar's Name)
by Ernest Dahl

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1941 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3/28/41
1941 to 3/2/41 1941;
that I last saw him alive on 3/2 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Ph. Myocarditis
Serubility
Atherosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 130

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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 John Stullman (M.D. or other)
Address Highway 1, MO Date signed 3/4/41

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

9
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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.....

Cedric K Jones

Registered Apprentice No. 246

working under my personal supervision.

Signed.....

Cedric K Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.