

No. 2
1-12-40
17-39
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FILED JUN 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17784

Registration District No. 314

Primary Registration District No. 5429 B

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Garrett

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

(c) Name of hospital or institution: Cooper W.P.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 hours
(Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Garrett

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

(d) Street No. Cooper W.P.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 38 years.

3. (a) PRINT FULL NAME George Washington Richards

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14 year 1941 hour 3 minute 09 M.

21. I hereby certify that I attended the deceased from Feb 50 1941 to May 14 1941
that I last saw him alive on May 13 1941 and that death occurred on the date and hour stated above.

4. Sex M **5. Color or race** W.

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

6. (b) Name of husband or wife Marilyn Fox Richards

6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased any 10 1839
(Month) (Day) (Year)

Immediate cause of death
Cancer of Prostate

Due to ✓

Due to 51

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.

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>9</u>	<u>4</u>	hr. <u> </u> min. <u> </u>

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

10. Usual occupation retired Farmer

11. Industry or business F.F.M.

12. Name Geo. H. Richards

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

14. Maiden name Emeline Cooper

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

16. (a) Informant Mrs. Mrs. Owens

(b) Address Stonbury MD 1779

17. (a) Burial (b) Date thereof 5/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friends Cemetery

18. (a) Signature of funeral director Robert A. Beck

(b) Address Stonbury MD

19. (a) 5/14/41 (b) Edith Beck
(Date received local registrar) (Registrar's signature)

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 G. M. Williamson (M. D. or other) 2
Address Garrett MD Date signed 5/14/41

S. C. Williamson

W. J. ...

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 _____

Lester H. Chiller

Licensed Embalmer No. _____

1898

P. O. Address _____

Stouffville, 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, fact should be so stated above.