

RECORDED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18668

Registration District No. 069

Primary Registration District No. 4401

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Smithton
(If outside city or town limits, write "RURAL")
(d) Street
(If rural, give location)
(e) If foreign, how long in U. S. A.? 60 years

8. (a) PRINT FULL NAME John Adam Richter

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Oct 16 - 1862
(Month) (Day) (Year)

20. DATE OF DEATH: Month May day 20 year 1941 hour 19 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1941 to May 20, 1941 that I last saw him live on May 20, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired blacksmith

11. Industry or business Implement Dealer

12. Name John Adam Richter

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

14. Maiden name not known

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

16. (a) Informant's own signature Carl A. Richter

(b) Address 1002 1/2 So Ohio Sedalia, Mo.

17. (a) Burial (b) Date thereof 5-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Mo

18. (a) Signature of funeral director A. F. Newmyer

(b) Address Smithton, Mo

19. (a) 6 29 1941 (b) W. H. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

Immediate cause of death Purpura

Due to Arteriosclerosis

Due to

Other conditions (include pregnancy within 3 months of death) 72 W

Major findings: Of operations

Of autopsy

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 W. H. Moore (Specify type of injury) (M. D. or other)

Smithton, Mo Date signed 5/21

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

RECEIVED
District Health Officer No. 8
District File Number
6-11-44
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 A. F. Neumeyer
Licensed Embalmer No. 3912
P. O. Address Smithton 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.