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STANDARD CERTIFICATE OF DEATH

State File No. **22444**

Registration District No. **101**

Primary Registration District No. **1422**

Registrar's No. **25**

FILED JUL 15 1941

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Bolivar**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk 84**
(c) City or town **Bolivar**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Nettie Belle Richmond**

3. (b) If veteran, name war..... 3. (c) Social Security No. **no**

4. Sex **f** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **5**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased **April 14 1863**
(Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days **2** If less than one day hr. min.

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

10. Usual occupation **House keeper**

11. Industry or business

MOTHER FATHER { 12. Name **G. W. C. Barnes**

13. Birthplace **North Carolina** (City, town, or county) (State or foreign country)

14. Maiden name **Etchah Murple**

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

16. (a) Informant **Edney Richmond**

(b) Address **Bolivar Missouri**

17. (a) **Burial** (b) Date thereof **June 18 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **Stutcheson & Co**

(b) Address **Bolivar Missouri**

19. (a) **5/18/41** (b) **W. J. Johnson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16** **teenth**
year **1941** hour **1** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **June 14**
19 **41** to **June 16** 19 **41**
that I last saw him alive on **June 16** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia** Duration **2 days**

Due to **heart failure**

Due to **chronic myocarditis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **92H**

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?

630 (Specify type of place)

While at work? (e) Means of injury **0**

23. Signature **Dr. McGray** (M. D. or other)

Address **Bolivar** Date signed **June 15 1941**

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

RECEIVED

District Health Officer No. 7

District File Number 7-41-1185

Date Filed 7-14-41

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 *Junior Grable*

Licensed Embalmer No. 4140

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.