

No. 2  
-1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29181

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

FILLED SEP 2 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 3035

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: Richmond Hospital 302 West Main  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days  
(Specify whether

In this community all life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray **89**

(c) City or town Richmond  
(If outside city or town limits, write "RURAL") **1**

(d) Street No. 201 East Main  
(If rural, give location) **1**

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jessie Cary

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1941 hour 11 minute 30 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife: Edward Cary

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

7. Birth date of deceased: Sept. 18, 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-16-41 19\_\_\_\_ to 7-17-41 19\_\_\_\_;

that I last saw her alive on 7-16-41 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia **2 days**

8. AGE: Years 72 Months 9 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

9. Birthplace Richmond **0 Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

Other conditions Chronic Nephritis **?**  
(Include pregnancy within 3 months of death)

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

MOTHER FATHER { 12. Name William Marshall

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

14. Maiden name Ella Kavanaugh

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Kity Marshall

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof July, 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director [Signature]

(b) Address Richmond Mo.

19. (a) July 21-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.

Address Richmond Date signed \_\_\_\_\_

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-26-47

**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, ~~XXX~~.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *E. H. ...*.....

Licensed Embalmer No. 2073.....

P. O. Address Richmond 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.**