S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1941

Registration District No. 54

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5685

State File No. 34253

Registrar's No.

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Rural Rockville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 mi South of Appleton City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Edward William Richey
3. (b) If veteran, name war: none
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bertie Richey
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: April (Month) 18 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
65	6	10	..... hr. ..... min.

9. Birthplace: Portland (City, town, or county) / Ohio (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Edward C Richey
13. Birthplace: Letart (City, town, or county) / Ohio (State or foreign country)
MOTHER
14. Maiden name: Sophia Decker
15. Birthplace: Letart (City, town, or county) / Ohio (State or foreign country)
16. (a) Informant: Mrs Daisy Dickbrader
(b) Address: Schell City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 30 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Grove
18. (a) Signature of funeral director: Frank Lee
(b) Address: Appleton City, MO
19. (a) 10 30 41 (Date received local registrar) (b) Mrs. Pauline Bair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1941 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from 11-1-35 19..., to 10-28 1941, that I last saw him alive on 10-28 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to: Chronic Myocarditis	
Due to: Arterial Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: GPA	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: R. L. Hanson (M. D. or other) M.D.
Address: Appleton City Date signed 10-29-41

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1941

RECEIVED
District Health Officer No. 7
District File Number 11-4-1799
Date Filed 11-6-41

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 ME on the 28 day of Oct 1941, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.