

DEC 31 1941

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 188

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Mexico MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 210 E. Jackson St 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 30 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. Not on (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19  
year 1941 hour 6 AM minute 15 M.

21. I hereby certify that I attended the deceased from Sept 1939  
to Nov 17, 1941  
that I last saw him alive on Nov 17, 1941  
and that death occurred on the 17th day and hour stated above.

Immediate cause of death: Respiratory Failure, Hypostatic pneumonia  
Due to General Arterio Sclerosis

Due to Smoking

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 97  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work: \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature Fred Joffe (M. D. or other) \_\_\_\_\_  
Address 117 2nd Maple St Date signed Nov 17/1941

3. (a) PRINT FULL NAME SHADRASH-HAMILTON-RICHARDS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 10712

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mae Richards 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov 30 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 11 17 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Postal Clerk

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

12. Name David Richards

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

14. Maiden name Martha Harris

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

16. (a) Informant Mrs. D. H. Richards

(b) Address Mexico MO.

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

(c) Place: burial or cremation Mexico MO.

18. (a) Signature of funeral director W. H. Hunter

(b) Address Mexico MO.

19. (a) Nov-18-1941 (b) B. R. Neely  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

4  
1  
2

JAN 29 1942

RECEIVED

RECEIVED

District Health Officer No. 10

District File Number 12-41-2270

Date Filed DEC 23 1941

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 Ray A. McPherson

Licensed Embalmer No. 1133

P. O. Address: Myrtle St

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.