

Registration District No. 735 Primary Registration District No. 3034

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
909 So. Williams
(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

3. (a) PRINT FULL NAME Edgar M Richmond

3. (b) If veteran, name war

3. (c) Social Security No.

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

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

7. Birth date of deceased Aug 27th 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired minister

11. Industry or business _____

MOTHER FATHER { 12. Name James M Richmond

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

14. Maiden name Elizabeth Dawkins

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

16. (a) Informant A. B Richmond

(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21st 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan + Son

(b) Address Moberly Mo

19. (a) 1-21-1942 (Date received local registrar) (b) Irma Love (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 909 So Williams
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th year 1942 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1935 to Jan 19 1942

that I last saw him alive on Jan 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations none performed

Of autopsy none

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) (e) Means of injury by

23. Signature A. P. McCormick (M. D. or other) _____

Address Moberly Mo Date signed 1-21st 1942

RECEIVED

District Health Officer No. 10

District File Number 2-42-350

Date Filed FEB 19 1942

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.....

Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly, 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.