

Registration District No. **16 1942 744**

Primary Registration District No. **3035**

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
years, months or days) 1 yr.

In this community 1 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ray

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

(d) Street No. 314 N. College
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U.S.A

3. (a) PRINT FULL NAME JAMES LEWIS RICHLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1942 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 13, 1941, to Feb 11, 1942
that I last saw him alive on Jan 20, 1942
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emily Eliza McMillin Richley

6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased Mar 12 1863
(Month) (Day) (Year)

Immediate cause of death Cornary Thrombosis

Duration abt 2 yrs.

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>11</u>	<u>1</u>	hr. min.

Due to advanced Arterio Sclerosis

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94a

10. Usual occupation Farmer

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant E. G. Woods

(b) Address Richmond MO.

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal) Sibley Mo.

(c) Place: burial or cremation

18. (a) Signature of funeral director J. H. ...

(b) Address Richmond MO.

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 _____

23. Signature J. W. Guines M.D. (M.D. or other) M.D.
Address Richmond, Mo. Date signed 2-12-42

19. (a) Feb 18 1942 (b) Chas W Sheppard
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number

Filed 3-13-42

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.....

J. B. Brothers

working under my personal supervision.

Registered Apprentice No.....

Brothers Funeral Home

Signed.....

J. B. Brothers,

Licensed Embalmer No. 2001

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.