

Registration District No. 815-4553

Primary Registration District No. 815-4553

Registrar's No.

1. PLACE OF DEATH:

(a) County SCOTT
(b) City or town SIKESTON - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD # 2 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Scott
(c) City or town SIKESTON - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME RICHARD RAY RISTER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced INFANT
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NO years
7. Birth date of deceased DECEMBER 28, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 11 hr. min.

9. Birthplace SIKESTON, MO R#2
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

MOTHER FATHER { 12. Name RAY RISTER
13. Birthplace BLODGETT, MO
(City, town, or county) (State or foreign country)
14. Maiden name GLORIA CARR
15. Birthplace SIKESTON, MO
(City, town, or county) (State or foreign country)

16. (a) Informant RAY RISTER
(b) Address SIKESTON, MO R#2

17. (a) BURIAL (b) Date thereof 2-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SIKESTON, MO - CITY CEMETERY

18. (a) Signature of funeral director LAIR NUNNELLE
(b) Address CHARLESTON, MO

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 9TH
year 1942 hour ABOUT 3 A.M.

21. I hereby certify that I attended the deceased from Dec 28 1941 to Feb 9 1942
that I last saw him alive on Feb 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Inflammation, 2 days
Duration

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 33 P

Major findings: Of operations _____
Of autopsy NO

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) NO
(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 SM Anderson (M. D. or other) _____
Address SIKESTON, MO Date signed 2-19-42

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

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15757

Registration District No. 821

Primary Registration District No. 4553

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME

Richard R. Rister

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 28 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-4-42 (b) H. B. Throgmorton, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I have now fully recovered and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: _____

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)
(e) Means of injury _____

Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

1942

S-15757