

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

Rev. 5-17-39 I X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17912  
Registrar's No. 48

Registration District No. 297

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County FRANKLIN  
(b) City or town WASHINGTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. FRANCIS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON  
(c) City or town RICHWOOD 36  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ROLAND MAYOR  
8. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JUNE 11 1924  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 05  
year 1942 hour 8:55 AM minute 45 M.  
21. I hereby certify that I attended the deceased from May 5 1942  
2nd 1942 to May 5 1942  
that I last saw him alive on May 5 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
17 10 24 hr. min.  
9. Birthplace RICHWOOD MO.  
(City, town, or county) (State or foreign country)

Immediate cause of death non epidemic meningitis Duration 4 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none fla  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name ALBERT MAYOR  
13. Birthplace RICHWOOD MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name NEENETIE GLADIO  
15. Birthplace RICHWOOD MO.  
(City, town, or county) (State or foreign country)  
16. (a) Informant's own signature Albert Mayor  
(b) Address Richwood, Mo.  
17. (a) Removed Burial (b) Date thereof MAY 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation RICHWOOD MO  
18. (a) Signature of funeral director Cady & Fenwick  
(b) Address St. Clair Mo.  
19. (a) MAY 5 - 42 (b) Luella Ruetter  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
23. Signature Bernhart (M. D. or other) \_\_\_\_\_  
Address Washington Date signed 5-5-42

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**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 B. M. Lemay

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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, above space should be left blank.**