

S. No. 2  
DM-5-42  
v. 5-17-39  
I X32873

24015

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 223 51 Primary Registration District No. 5776 5181 Registrar's No. 21

16  
00  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Cape Girardeau County  
(b) City or town Rural Appla Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 ✓  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 1 ✓ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 Miles S.W. of Appleton  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME Manda Magdalena Richter  
(b) If veteran, name war: ✓  
(c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 24  
year 1942 hour about 9:00 minute am M.  
21. I hereby certify that I attended the deceased from Coroner Case  
....., 19....., to ..... 19.....;

4. Sex F. / 5. Color or race White / 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife husband Edmond J. Richter 6. (c) Age of husband or wife if alive 37 years  
7. Birth date of deceased April 1st. 1908  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....,  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Suicide by hanging with a rope  
Duration

8. AGE: Years 34 Months 3 Days 23 If less than one day hr. min.

Due to.....  
Due to.....  
Other conditions (include pregnancy within 3 months of death)  
Major findings: 164a  
Of operations.....  
Of autopsy.....

9. Birthplace New Wells, Cape Girardeau Co.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Ben. Fiedler

13. Birthplace New Wells, Cape Girardeau Co.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Winke

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

16. (a) Informant J. Richter

(b) Address Boyrville Mo.

17. (a) Burial (b) Date thereof 7-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Uniontown, Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Boyrville Mo.

19. (a) July 25/42 (b) J. J. Schorn  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence July 24, 1942  
(c) Where did injury occur? Basement of home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, industrial place, in public place?  
(Specify type of place)  
While at work? no (e) Means of injury Strangulation  
23. Signature Dr. J. F. Schorn (M.D. or doctor)  
Address Boyrville Mo. Date signed 7/24-42

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

RECEIVED

District Health Officer No. 4  
District File Number 842-105  
Date Filed 8-13-42

---

---

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wallacl Young.....

Licensed Embalmer No. 4027.....

P. O. Address Perryville 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.**