

S. No. 2  
1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27490  
State File No. \_\_\_\_\_  
Registrar's No. 60

FILED AUG 21 1942  
Registration District No. 431

Primary Registration District No. 5575A

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1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County JEFFERSON  
(b) City or town CRYSTAL CITY  
(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 Missouri (b) County Jefferson  
(c) City or town Crystal City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt 2 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HARVEY RICHARDS  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 26th  
year 1942 hour about 6pm minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

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 January 27, 1904  
(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 accidental Duration \_\_\_\_\_  
caused by wheel leaving car on Hy # 61 and striking said Harvey Richards.

8. AGE: Years 18 Months 5 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace ST Louis Missouri  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_ (Include pregnancy within 8 months of death)

10. Usual occupation Farming

Major findings: Of operations \_\_\_\_\_

11. Industry or business Laborer on Farm

Of autopsy Accidental

12. Name ALBERT RICHARDS

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

13. Birthplace ST Louis Mo  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident

14. Maiden name Barbara

(b) Date of occurrence July 26th 42 050

15. Birthplace ST Louis Mo  
(City, town, or county) (State or foreign country)

(c) Where did injury occur? on 61 by So of Festus  
(City or town) (County) (State)

16. (a) Informant Mrs. Robert Carls  
(b) Address Festus Mo, Rt 2

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no on State Hy

17. (a) Burial (b) Date thereof July 29, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place) While at work? no (c) Means of injury act coroner

(c) Place: burial or cremation ST Louis County Mo

23. Signature J.P. Johnston (M.D. or other) \_\_\_\_\_  
Address Festus Mo Date signed 7/27/42

18. (a) Signature of funeral director Gentry R. Hiltz  
(b) Address Crystal City Mo

1265 (Licensed Embalmer's Statement on Reverse Side)

19. (a) July 27, 1942 (b) H.R.P. Grier  
(To be received local registrar) (Registrar's signature)

AUG 31 1944

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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.....

*George P. Politte*

Licensed Embalmer No. *3481*

P. O. Address.....

*Crystal City, 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.**