

BUREAU OF THE CENSUS
FILED SEP 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27649

Registration District No. 206

Primary Registration District No. 5750

Registrar's No. 34

1. PLACE OF DEATH:
 (a) County Madison Co.
 (b) City or town Rural of Frankfort
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution About 3 months!
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution About 3 Mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Bollinger
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nancy Ann Richard
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 15 year 1942 hour 8 A.M. minute _____ M.
 21. I hereby certify that I attended the deceased from Aug. 5 1942 to Aug. 15 1942
 that I last saw her alive on Aug. 15 1942 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart Failure Duration _____

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Miles S. Richards 6. (c) Age of husband or wife if alive 3 years
 7. Birth date of deceased February 3 1850
(Month) (Day) (Year)

8. AGE: Years 92 Months 6 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Tennessee (City, town, or county) _____ (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Priddy

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

14. Maiden name Lilitha Davis

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

16. (a) Informant Christine Harris
 (b) Address Advance, Mo Rt. 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17 1942 (Month) (Day) (Year)
 (c) Place: burial or cremation Moore's Chapel

18. (a) Signature of funeral director Ed. Heibel
 (b) Address Fredericktown Mo

19. (a) Aug 17 1942 (Date received local registrar) (b) S. C. S. Cavalier (Registrar's signature)

Due to = Bloody Dysentery
 Due to _____
 Other conditions 27c
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 M. B. Barber (M. D. or other) _____
 Address Fredericktown Mo signed _____

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

62
80
0

481

RECEIVED

District Health Officer No. 4
District File Number 942-1170
Filed 9-8-42

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 John H. Helt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.