

FILED SEP 24 1942

State File No.

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond 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)

3. (a) PRINT FULL NAME William H. Mohn

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

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

7. Birth date of deceased May 15, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>2</u>	<u>16</u>	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Joe Wilson
(b) Address Richmond, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope

18. (a) Signature of funeral director J.B. Brothers

(b) Address Richmond, Missouri

19. (a) August 2, 1942 (Date received local registrar) (b) Mrs. Elsie Sheppard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Richmond (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 20 1942 to July 20 1942
that I last saw him alive on July 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Died suddenly

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94a
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 _____

23. Signature [Signature] (M. D. or other)
Address Richmond, Mo Date signed 9-25-42

1280

(Licensed Embalmer's Statement on Reverse Side)

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

89
1
1

SEP 29 1942

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.....

J.B. Brothers

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

J.B. Brothers

Licensed Embalmer No. *2001*

P. O. Address *302 East Main*

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.