

FILED NOV 4 1942

Registration District No. 218

Primary Registration District No. 3017

Registrar's No. 119

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
86 FIRST STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 1 YEAR years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL.")
(d) Street No. 86 FIRST STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JUDITH ANN RICHEY

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 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 22 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 8 19 hr. min.

9. Birthplace PILOT GROVE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business AT HOME

12. Name NORMAN RICHEY

13. Birthplace TIPTON MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name CECILIA FAHRENDORF

15. Birthplace PILOT GROVE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant NORMAN RICHEY

(b) Address BOONVILLE, MO

17. (a) BURIAL (b) Date thereof OCT. 12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PILOT GROVE CATHOLIC CEM.

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO

19. (a) Oct. 10-42 (b) Dr. Chas. Sulap.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 10th
year 1942 hour 1 minute 4 P.M.

21. I hereby certify that I attended the deceased from Oct 5 1942, to Oct 10 1942
that I last saw her alive on Oct 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death 2nd + 3rd degree burns of face, arms and chest Duration 5 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 18/15

Major findings: Of operations none Of autopsy none
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) accident (?)

(b) Date of occurrence Oct 5, 1942

(c) Where did injury occur? Boonville, Cooper MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? play (Specify type of place) (e) Means of injury Burned

23. Signature J C Beckett (M. D. number) _____

Address Boonville, MO Date signed 10-10-42

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

27
1
2

1088

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-2-42

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.