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FILED JAN - 6 1943  
Registration District No. 294

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County: Randolph  
(b) City or town: Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCormick O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 8 Days  
(Specify whether  
In this community: 58 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Chariton  
(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? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Sedonia Elizabeth Richmond

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12  
year 1942 hour 2:35 minute P M.

21. I hereby certify that I attended the deceased from Nov 30, 1942, to Dec 12, 1942, that I last saw her alive on Dec 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture left hip & left wrist Duration 12 ds.

Due to: Fracture of Left hip and Left wrist  
Due to: General debility

Other conditions: old age 80 yrs  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: 1860  
Of autopsy: 39  
Underline the cause to which death should be charged statistically.

8. AGE: Years 80 Months 4 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: \_\_\_\_\_

12. Name: James Madison Richmond

13. Birthplace: Burg (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name: Elizabeth Rockness

15. Birthplace: Mo (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant: James Richmond

(b) Address: Byramville Mo

17. (a) Rural (b) Date thereof: 12-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Johnson Cemetery

18. (a) Signature of funeral director: W. B. White

(b) Address: Salisbury Mo

19. (a) Dec-14-42 (b) Irma Kave  
(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): accident

(b) Date of occurrence: Nov 30 - 1942 021

(c) Where did injury occur?: Cynemill Chariton Mo  
(City or town) (County) (State)

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

While at work? yes (a) Means of injury: Well

23. Signature: H. L. McCormick (M. D. or other) MD

Address: Moberly Date signed: 12-12-42

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

RECEIVED

District Health Officer No. 10

District File Number 1-43-4126

Date Filed Jan 5, 1943

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.

Signature

Licensed Embalmer No.

P. O. Address

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.