

S. No. 2  
I-9-4-41  
5-17-39  
PI X2948

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3877

State File No. \_\_\_\_\_

FEB 4 1943  
Registration District No. 325

Primary Registration District No. 4477

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Glenwood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home in Glenwood  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Glenwood  
(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 Sarah Frances Stout

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19  
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 12, 1943, to Jan 19, 1943  
that I last saw her alive on Jan 19, 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased 3 22 1865  
(Month) (Day) (Year)

Immediate cause of death infirmities of age and other conditions  
bronchial pneumonia

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

77 9 27 hr. \_\_\_\_\_ min.

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation housewife

Major findings: Of operations None

Of autopsy None

MOTHER FATHER

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

12. Name John Davis Richy

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

14. Maiden name Ruth Skinner

15. Birthplace New York  
(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) \_\_\_\_\_

(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? \_\_\_\_\_

16. (a) Informant Mrs. Roy Fletcher

(b) Address Glenwood, Mo.

17. (a) burial (b) Date thereof 1-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coatsville Cemetery

18. (a) Signature of funeral director C. O. Fenton

(b) Address Lancaster, Mo.

19. (a) Jan. 22, 43 (b) Act. Justice  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature M. P. Johnson (M. D. or other)

Address Glenwood, Mo. Date signed 1/20/43

1278

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. 10

District File Number 2-43-180

Date Filed FEB 3 1917

**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

P. O. Fenton

Registered Apprentice No. 3705

working under my personal supervision.

Signed

P. O. Fenton

Licensed Embalmer No. 3705

P. O. Address. Lancaster, 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.