S. No. 2
—1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10763

FILED MAR 17 1943

Registration District No. 183 — Primary Registration District No. 4296 — Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Browning (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 2a years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Browning. 0 (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 0

3. (a) PRINT FULL NAME Charles W. Richmond.

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Lou Richmond
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Febr. (Month) 29. (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	11	26	hr. min.

9. Birthplace Sullivan Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer - retired
11. Industry or business
FATHER
12. Name Charles Richmond
13. Birthplace Germany. 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Shipley.
15. Birthplace Ohio. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Chas. Richmond
(b) Address Browning, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. 27, 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ White Oak Cem. Milan.
18. (a) Signature of funeral director Schoener
(b) Address Milan, Mo. Frank D.
19. (a) Mar. 8 1943 (Date received local registrar) Mrs C C Wooff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1943 hour 1 minute 30 p. M.
21. I hereby certify that I attended the deceased from Feb 16, 1943, to Feb 25, 1943, that I last saw him alive on Feb 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	✓
Due to	
Due to	
Other conditions Senility — Blindness (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94 N
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature T. R. McArtor (M. D. or other)
Address Browning Mo Date signed March 8 1943

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(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1951

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 Frank D. Schoene

Licensed Embalmer No. 2016

P. O. Address Milan, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.