. S. No. 2
OM—5-42
ev. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED APR 1 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11218

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 208 West Lexington St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Julie A. Weber
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.E.Weber
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 5. 1890 (Month) (Day) (Year)
8. AGE: Years 52 Months 10 Days 12 If less than one day hr. min.
9. Birthplace Richmond (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation House Duties
11. Industry or business
MOTHER FATHER
12. Name Rufas Dickey
13. Birthplace Ray Co. (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Lauria ODell
15. Birthplace Ray Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant J.E.Weber
(b) Address Richmond Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar.17.1943 (Month) (Day) (Year)
(c) Place: burial or cremation Pisgah Cemetery
18. (a) Signature of funeral director E.Thurman
(b) Address Richmond Mo.
19. (a) Mar 16 43 (Date received local registrar) (b) Mrs Thus W Shipp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15 year 1943 hour 9 minute 10 P. M.
21. I hereby certify that I attended the deceased from 1-5-43, 19..., to 3-15-43, 19...; that I last saw her alive on 3-14-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction	1 wk
Due to Carcinoma Stomach	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work (e) Means of injury
23. Signature [illegible] M. D.
Address Richmond, Mo. Date signed 3-16-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-12-43

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, ~~for/by~~ #### .....

....., Registered Apprentice No....., working under my personal supervision.

Signed E. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond 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.