

FILED JUL 15 1943

Registration District No.

Primary Registration District No. 5387

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Osage - Rural
(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. X (Specify whether
In this community most of her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Osage Ave (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Sophia Albina Richards

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, widowed

6. (b) Name of husband or wife James B Richards 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased July 6 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 11 6 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name George Turner

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

14. Maiden name Jane Elliss

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil C. Parker

(b) Address Salem Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/43
(Month) (Day) (Year)

(c) Place: burial or cremation Richards Cem.

18. (a) Signature of funeral director Orin Spencer

(b) Address Salem Mo

19. (a) 6-14-43 (Date received local registrar) (b) J. S. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1943 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from 5/31/43
to 6/6/43 that I last saw her alive on 6/6/43
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. E. ... (M.D. or other) Address Salem, Mo Date signed 6/14/43

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

MOTHER FATHER

3300

RECEIVED

District Health Officer No 5,

District File Number 743438

Date Filed 7-13-49

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 Carl H. Linn

Licensed Embalmer No. 2370

P. O. Address Salisbury, Md.

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.