

No. 2
5-47
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22662

State File No.

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
State Hospital No 3 Nevada, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mo 28 days
(Specify whether Inpatient Outpatient)

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Tolk ¹⁰⁸

(c) City or town Sentinel ¹
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country ¹

3. (a) PRINT FULL NAME JOHN RICHARDS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Divorced-widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Aug 12 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Sandy Richards

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

14. Maiden name Marj Pitt

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

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

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

(c) Place: burial or cremation Hope well

18. (a) Signature of funeral director Blitcherson & Co.

(b) Address Solivar Missouri

19. (a) 6-15-43 (b) Hazel B. Beurck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 15
year 1947 7. hour 0 minute A.M.

21. I hereby certify that I attended the deceased from September 17 1942 to June 15 1943
that I last saw h. i. m. alive on June 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia with Prigleis

Due to

Due to

Other conditions (Include 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) Accident 108

(b) Date of occurrence April 7 1943

(c) Where did injury occur? Nevada Vernon Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hospital No 3 Nevada
While at work? (Specify type of place) (e) Means of injury Fall

23. Signature G. S. Warack (M. D. or other)

Address Nevada, Mo Date signed 6/15/43

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

Hazel B. Hutcherson
Newark, Mo.

RECEIVED
District Health Officer No. 7,
District File Number 6-43-262
Date Filed 7-8-43

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, or by.....

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

Signed J. B. Hutcherson

Licensed Embalmer No. 1331

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.