

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28510

State File No. _____

FILED SEP 13 1943
Registration District No. 797

Primary Registration District No. 5585

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Madison Twn.
(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 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ⁴⁹

(c) City or town Rural - Madison Twn. ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1, Carthage
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE FLORENCE RICHEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11,
year 1943 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from
June 8 1943, to Aug. 11 1943;
that I last saw her alive on July 28 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, Widowed

6. (b) Name of husband or wife C. O. Richey

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 10, 1871
(Month) (Day) (Year)

Immediate cause of death hypostatic pneumonia ^{1 day}

Due to carcinoma of sigmoid colon

Due to _____

8. AGE: Years 72 Months 4 Days 32
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) H6

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name David B. Michael

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

14. Maiden name Mary Howell

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

16. (a) Informant Mrs. Lester McCall

(b) Address Route #1, Carthage, Mo.

17. (a) Burial (b) Date thereof 8-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Aug. 12 '43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury fall

23. Signature J. Neale Loney (M. D. or other) ⁰

Address Carthage, Mo. Date signed 8/12/43

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

MOTHER FATHER

1203

48-8-735-

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..... *Edell...*

Licensed Embalmer No. *2222*

P. O. Address. *Parthage*

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.