

Registration District No. **166**

Primary Registration District No. **5605**

Registrar's No. **63**

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

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Knobnoster (Rural)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Squadron Barracks, Sedalia Army Air Field, Warrensburg, Mo.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether)

In this community **- -**
years, months or days

3. (a) PRINTED FULL NAME **Pfc. Charles E. Richards, 33399739**
(ASN)

3. (b) If veteran, name war **World War #2**

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lillian Richards**

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

7. Birth date of deceased **August 31, 1906**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	11	15	- hr. - min.

9. Birthplace **Pittsburgh, Allegheny Co., Penna.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Soldier**

11. Industry or business **U. S. Army**

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Marla Richards**

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

16. (a) Informant **U. S. Army Records**

(b) Address **- - - - -**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **8-7-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Pittsburg, Pa.**

18. (a) Signature of funeral director **Gillespie Funeral Home**

(b) Address **Warrensburg, Sedalia, Missouri**

19. (a) **Mrs. C. L. Sauls**
(Date received local registrar)

(b) **Mrs. C. L. Sauls**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Penna.**

(b) County **Allegheny**

(c) City or town **Pittsburgh**
(If outside city or town limits, write "RURAL")

(d) Street No. **2204 Atmore Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **- -**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6th**
year **1943** hour **9:** minute **:45 A.** M.

21. I hereby certify that I attended the deceased from **9:35 AM**
6 August 1943 to **9:45 AM 6 August 1943**
that I last saw him alive on **6 August 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute gastroenteritis** **12 hrs.**

Due to **Undetermined**

Due to **- - - - -**

Other conditions **None noted**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations **- - - - -**

Of autopsy **Acute gastroenteritis**

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) (e) Means of injury **- - - - -**

23. Signature **Robert C. ... Capt M.C.**
Address **Sedalia, Mo.** Date signed **8/6/43**

RECEIVED

Health Officer No. 8.

Case File Number

Date Filed 1-9-43

JAN 2 0 1944

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 *L. E. Beaulieu*
Licensed Embalmer No. *3867*
P. O. Address *Sulawa*

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.