DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1943

Registration District No. 3[illegible]4

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29595

Primary Registration District No. 6237

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural Hickory Grove Twp (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 Warren

(c) City or town Rural Hickory Grove (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ella Helen Richards

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife E. Clayton Richards

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May (Month) 19 (Day) 1874 (Year)

8. AGE: Years 69 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Charles Henry Wienke
13. Birthplace St Charles (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Magaline Hagemann
15. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature E. C. Richards

(b) Address Fairstell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cem

18. (a) Signature of funeral director Nieburg F & U Co

(b) Address Wright City Mo

19. (a) 8/28/43 (Date received local registrar) (b) Julius Nieburg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1943 hour 4½ minute P. M.

21. I hereby certify that I attended the deceased from Aug 3, 1943, to Aug 26, 1943 that I last saw her alive on 8/26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	24 Hr.
Due to	
Due to Malignant Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8 3a	
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 H C McMurray (M. D. or other) MD

Address Winfield, Mo Date signed 8/27/43

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 13 1949

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 Julius J. Nieburg

Licensed Embalmer No. 3368

P. O. Address Wright City 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, above space should be left blank.