

No. 2
1-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32983**
Registrar's No. **65**

FILED OCT 7 1943

Registration District No. **206**

Primary Registration District No. **3042**

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

1. PLACE OF DEATH:

(a) County **Madison**

(b) City or town **Fredericktown**
(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 years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Pearl Richards**

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

4. Sex **Female** / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **P. Ed. Richards** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **July 28 1873**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	2	1	hr. _____ min.

9. Birthplace **Glen Allen Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **J. M. Zimmerman**

13. Birthplace **Unknown No. Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Emily Mckelvey**

15. Birthplace **Glen Allen Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **P. E. Richards**

(b) Address **Fredericktown, Missouri**

17. (a) **Burial** (b) Date thereof **9-30-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis, Missouri**

18. (a) Signature of funeral director **Stanley A. Dixon**

(b) Address **Fredericktown, Missouri**

19. (a) **Sept 30 1943** (b) **S. S. Langhans**
(Date received local registrar) (By) (Registered signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison** **62**

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

(d) Street No. **208 Virginia**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **29th**, year **1943** hour **5:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 12th 1943**, to **Sept 29 1943**; that I last saw her alive on **Sept 29 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute dilatation of heart**
Cardiac insufficiency

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 **2**

23. Signature **King L. Hull** (M. D. or other) **D.O.**
Address **Fredericktown, Mo.** Date signed **9-30-43**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9504

RECEIVED

District Health Officer No. 4
District File Number 1043-2789
Date Filed 10-6-43

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 Stanley H. Aiston
Licensed Embalmer No. 4193
P. O. Address Fredericktown, 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, fact should be so stated above.