

Registration District No. **274**

Primary Registration District No. **3052**

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(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 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 121 1/2 E 3rd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vest Richey.  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wife  
Alice Grace Richey  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased November 1 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>59</u>	<u>10</u>	<u>1</u>
	hr. _____ min.			

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

10. Usual occupation Watch Maker & Jeweler.

11. Industry or business  
MOTHER FATHER {  
12. Name Andrew Richey  
13. Birthplace Cooper Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rowena Woods.  
15. Birthplace Cooper Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vest Richey.  
(b) Address 121 1/2 East 3rd St.  
17. (a) Burial (b) Date thereof 9-4-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Crown Hill, Sedalia

18. (a) Signature of funeral director Ewing Funeral Home  
(b) Address 117 West 7th St.  
19. (a) 9-4-43 (b) Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 2  
year 1943 hour 6 minute 18 A. M.  
21. I hereby certify that I attended the deceased from 26th  
Jan 1943, to Sept 2 1943  
that I last saw him alive on Sept 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Essential Pneumonia</u>	
<u>Nephritis Interstitial</u>	
<u>Hypertension</u>	
<u>Mild eczema</u>	

Other conditions (include pregnancy within 3 months of death)  
Major findings: 12/10  
Of operations \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. C. Seaverly (M. D. or other)  
Address Sedalia Mo Date signed 9/3-43

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 10-12-43

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 *John E. Myers*

Licensed Embalmer No. *36220*

P. O. Address *Sedalia, 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.