No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38103

Registration District No. 94

Primary Registration District No. 5344

Registrar's No.

1. PLACE OF DEATH:

(a) County: Dade

(b) City or town: Rural N. Morgan Twshp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 mile north of ~~Bona~~
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED: 29

(a) State: Missouri (b) County: Dade

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

(d) Street No.: 1 mile north of Bona
(If rural, give location)

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

If yes, name country: None

3. (a) PRINT FULL NAME: Arabella Taylor Richey

3. (b) If veteran, name war: None

3. (c) Social Security No.: No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: James H. Richey

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

7. Birth date of deceased: February (Month) 14 (Day) 1870 (Year)

8. AGE: Years 73 Months 8 Days 19 If less than one day: hr. min.

9. Birthplace: Greenfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: John Taylor

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

14. Maiden name: Sarah McGregor

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

16. (a) Informant: James H. Taylor

(b) Address: Aldrich, Mo. RFD #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-5-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenfield, Cemetery

18. (a) Signature of funeral director: Ward Funeral Home

(b) Address: Greenfield, Missouri.

19. (a) 11-4-43 (Date received local registrar) (b) Kyle Kirby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2 year 1943 hour 8:40 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct 26, 1943, to Nov. 2, 1943, that I last saw her alive on Nov 1, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	7 days
Due to: Cerebral Sclerosis and Tension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: B. B. Kirby (M. D. or other)

Address: Wadesville, Mo. Date signed 11-4-43

1343 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1143-1272
Date Filed NOV 30 1943

35.84
37331

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 Sam E. Sensenney Jr.

Licensed Embalmer No. 4099

P. O. Address Greenfield, Missouri

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.