

Registration District No. 74 Primary Registration District No. 4136

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town PLATTSBURG
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69 mo. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town PLATTSBURG
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Richter

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 2 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 15 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Athony Richter
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Susan Wilkinson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant R. H. MESSER

(b) Address PLATTSBURG MO.

17. (a) BURIAL (b) Date thereof 12-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENLAWN

18. (a) Signature of funeral director LYON FUNERAL HOME

(b) Address PLATTSBURG MISSOURI

19. (a) 12-30-43 (b) Mo & C Hartell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1943 hour 11 minute 1 P.M.

21. I hereby certify that I attended the deceased from Dec 14, 1943 to Dec 17, 1943; that I last saw her alive on Dec 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 4 da

Due to _____
Due to _____

Other conditions Broncho Pneumonia 1 day
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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. H. Spalding (M. D. or other) MD
Address Plattsburg Mo Day Dec 18 43

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

0302

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.....

Danell D. Lyon

Licensed Embalmer No. *5646*

P. O. Address. *Platteburg 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.