S. No. 2
1—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 6 1943

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 44112

Registration District No. 368 Primary Registration District No. 6248 Registrar's No. 16

**1. PLACE OF DEATH:**
(a) County Washington
(b) City or town Rural - RICHWOODS
(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 82 YRS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Washington 110
(c) City or town Richwoods Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RICHARD DAUGHERTY
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NOMIA
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased APRIL (Month) 1 (Day) 1861 (Year)

8. AGE: Years 82 Months 8 Days 9 If less than one day hr. min.

9. Birthplace RICHWOODS (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name PATRICK DAUGHERTY
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name ELIZABETH SUTER
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Geo Daugherty
(b) Address Richwoods Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 11 (Day) 43 (Year)
(c) Place: burial or cremation St. Stephens
18. (a) Signature of funeral director Casey & Lenot, A.B.
(b) Address St Clair Mo
19. (a) Dec 12 43 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 9 year 1943 hour 10 minute 9 M.
21. I hereby certify that I attended the deceased from 10, 1942 to 9-12, 1943 that I last saw him alive on 11-22, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Arteriosclerosis | |
| Due to Age | |
| Due to Causeconsist | |
| 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? (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 O. W. Parker (M. D. or other) 0
Address Richwoods Date signed 12-10-43

1357

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 144-3136

Date Filed 1-5-44

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**