

FILED MAY 12 1944

Registration District No. 72

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Hrs.
(Specify whether years, months or days)

In this community Five or Six Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. Brickell Hotel, 504 S. Broadway
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Clayton Grant Richards

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 17 years (Day) (Year)

7. Birth date of deceased June 17 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 11 If less than one day hr. ___ min.

9. Birthplace Darke County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name Amon Richards

13. Birthplace Darke County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Freewitt

15. Birthplace Darke County Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant D. H. Richards

(b) Address Rural Rt. 2, Richmond, Indiana

17. (a) Removal (b) Date thereof May-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery at New Paris, Ohio

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Mo.

19. (a) 4-30-44 (b) Belle Stunne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1944 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from 4-27-
(10:45 pm) 1944 to 7 AM 4-28- 1944

that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis & Cardiac failure

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

23. Signature A. A. Markel M.D. (M. D. or other)

Address Poplar Bluff, Mo. Date signed 4-30-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 544-674

Date Filed 5-11-44

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.....

working under my personal supervision.

Registered Apprentice No.

Signed *[Signature]*.....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 143

Registration District No. 43

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Bethel
(b) City or town Bayler bluff
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 Clayton G. Richard

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 20
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. June 17 1926
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 12 (less than one day) min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

{ 14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Year 1944 hour 4 minute 28 M.

21. I hereby certify that I attended the deceased from 1944 to 1944; that I last saw him alive on 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Cardiac failure
Uremic poisoning

Due to Chronic Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 131b

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 A. D. Markel M.D. D. or other

Address Date signed

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

SUPPLEMENTARY

14267

A. D. McAfee & Co.
Carpenter B. 1888