

FILED JUL 6 1944

State File No. _____

Registration District No. 824

Primary Registration District No. 4147

Registrar's No. 32

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BUNCETON
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27
(c) City or town BUNCETON 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27TH
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Sept 14
1943, 19 _____ to June 27, 19 44
that I last saw him alive on June 21, 19 44
and that death occurred on the date and hour stated above.
Immediate cause of death Fractures 7:00
Duration

3. (a) PRINT FULL NAME JAMES RICHEY
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 WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 - 8 - 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 11 19 hr. _____ min.

9. Birthplace HICKORY Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN R. RICHEY
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET KETON
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant CHAS RICHEY
(b) Address SEDALIA, Mo

17. (a) BURIAL (b) Date thereof 6-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BUNCETON, Mo

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA

19. (a) 6-29-44 (b) Wm W W Robison
(Date received local registrar) (Registrar's signature)

Due to age 162 a
Due to _____
Other conditions Fractures
(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 W. D. Cecil (M. D. or other) _____
Address Bunceton Mo Date signed Jun 27

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

RECEIVED

District Health Officer No. 8,

District File Number

7-5-47

R. J. D. #4
Mrs W. J. Roberts

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.....

Geo Dillard

Licensed Embalmer No.....

3868

P. O. Address.....

Salvia

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.