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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 7 1944

Registration District No. _____

Primary Registration District No. 5-5-56

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Mountain View, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Galberry Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 5 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town Mountain View, Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Edith Weese Richards
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30th
year 1944 hour 4 minute 30 pm.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Niel B. Richards 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept 15th, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 20 1944 to _____ 19____;
that I last saw her alive on April 20 1944 and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Failure Duration _____

8. AGE: Years Months Days If less than one day
59 8 _____ hr. _____ min.

Due to Cancer ✓
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Robert Lewis
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Neil B Richards
(b) Address Mountain View, Mo
17. (a) Burial (b) Date thereof 6/2, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chappell Hill Cem,
18. (a) Signature of funeral director John F. Amear
(b) Address Mountain View, Mo
19. (a) 6/6/44 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

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 2
23. Signature W. W. Bettingham (M. D. or other) W.D.
Address Mountain View Date signed June 2, 1944

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

AUG 28 1950

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

John F. Arman

Licensed Embalmer No.

2576

P. O. Address

Wintee Md

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.

Registration District No. 142 Primary Registration District No. 5556

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Rural Goldenburg
(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 Edith W. Richards
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 17 (Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days _____ Unless less than one day min. _____
9. Birthplace _____ (City, town, or county) (State or foreign country)

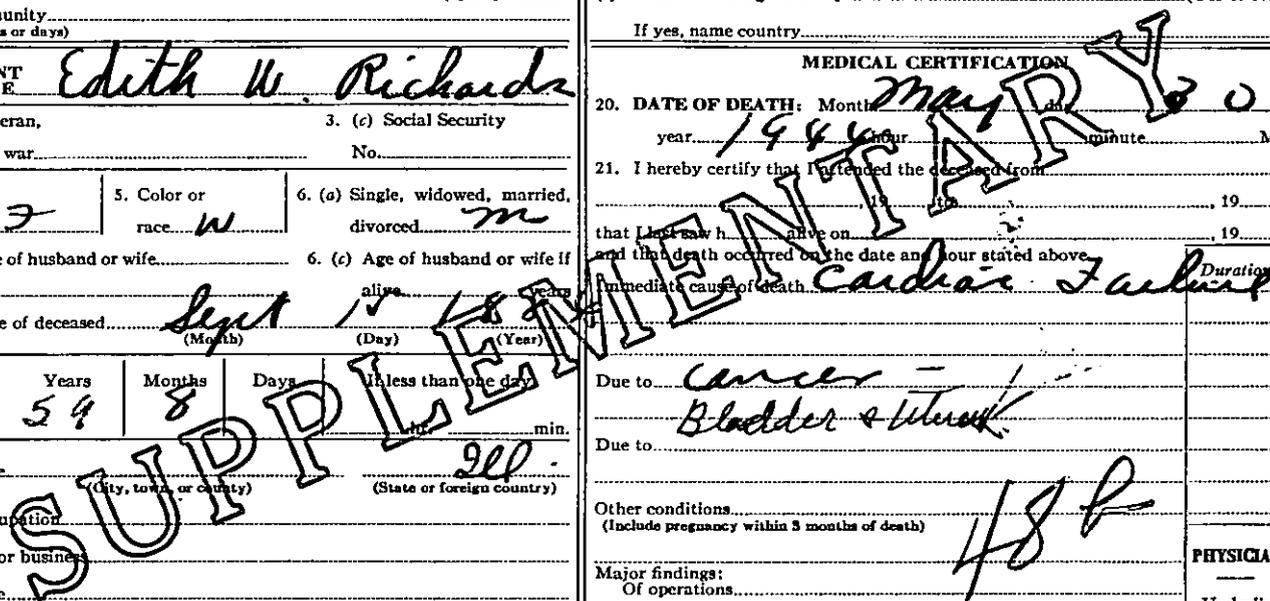
10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day _____ of the year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death Cardiac Failure Duration _____

Due to Cancer - Bladder & Uterus
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? _____ (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 _____ (M. D. or other) _____
Address _____ Date signed _____



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

BUREAU OF CENSUS

1944 JUL 15 P.M. 12 22

AD. REC'D. UNIT SERVICE
DIVISION

21686

CHIEF CLERK

1944 JUL 14 PM 1 09

DEPARTMENT
OF COMMERCE