

FILED AUG 3 1944
 Registration District No. 87

Primary Registration District No. 307 4144

1. PLACE OF DEATH
 (a) County Cooper
 (b) City or town Pilot Grove
 (c) Name of hospital or institution none
 (d) Length of stay: In hospital or institution none
 In this community 72 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cooper
 (c) City or town Pilot Grove
 (d) Street No. _____
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HENRY-LEE-RICHEY
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 10
 year 1944 hour 5 minute - 0 M.
 21. I hereby certify that I attended the deceased from 4-25- 1943, to 7-11- 1944
 that I last saw him alive on 7-1- 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race w
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death myocarditis chronic
 Duration 18 mos
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 72 Months 6 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Pilot Grove (City, town, or county) Mo (State or foreign country)
 10. Usual occupation farmer

11. Industry or business farmer
 12. Name John Richey
 13. Birthplace unknown Kentucky
 14. Maiden name Rebecca Kapsner
 15. Birthplace unknown Kentucky

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

16. (a) Informant John Richey
 (b) Address Pilot Grove, Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date there July 12-1944
 (c) Place: burial or cremation Pilot Grove Cemetery
 18. (a) Signature of funeral director Ways & Spente
 (b) Address Pilot Grove, Mo
 19. (a) July 11-44 (Date received local registrar) (b) D. V. Chas. Swap (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 G. J. Boley (M. D. or other)
 Address Pilot Grove Date signed 7-12-44

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

2700

NOV 1 1944

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

8-2-44

STATEMENT BY LICENSED EMBALMER

Myself

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

Rayton E. Hayes

Licensed Embalmer No.

3074

P. O. Address

Quiet Grove, 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.