100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31957

State File No.

FILED OCT 11 1944

Registration District No. 1

Primary Registration District No. 6212

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town ~~Schell City~~ Rural Bacon
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ray Leslie Richey

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 17, (Day) 1927 (Year)

8. AGE: Years 17 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name William Richey
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alma Keeton
15. Birthplace Franklin County, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Addie Pace
(b) Address Roscoe, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Springs,

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola, Missouri

19. (a) 8-22-44 (Date received local registrar) (b) Guiley Stinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental drowning

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)~~ 108
(b) Date of occurrence 8-26-44
(c) Where did injury occur? Vernon, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Osage River (Specify type of place)
While at work? (e) Means of injury Coroner

23. Signature C. Braxton Ocoy 3 (M. D. or other)
Address Nevada, Mo. Date signed 8-23-44

123 (Licensed Embalmer's Statement on Reverse Side)

9-44-1142

Date Filed 10-10-44

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 J B Bradrick

Licensed Embalmer No. 3028

P. O. Address Osceola 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.