

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34653

State File No. ....

FILED NOV 10 1944

Registration District No. 181

Primary Registration District No. 36-7-5-4293

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Osberry Mo.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days) 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57

(c) City or town Rural  
(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 0

3. (a) PRINT FULL NAME RACHEL JANE YOUNG

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29  
year 1944 hour 11 minute 45 P.M.

4. Sex F 1

5. Color or race W

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: June 1, 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 21, 1944 to October 29, 1944; that I last saw her alive on October 29, 1944; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days 28  
If less than one day hr. .... min.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to ARTERIOSCLEROSIS

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

10. Usual occupation House wife

Due to of 29!

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name Francis Adams Ritchey

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

14. Maiden name Mary Ann Watson

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

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Gus Young

(b) Address Osberry Mo

17. (a) Burial (b) Date thereof Oct 31 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thornhill Cemetery

18. (a) Signature of funeral director Wayne Mc Coy

(b) Address Troy Mo

19. (a) Nov 6 1944 (b) G. S. Williams  
(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 Richard R. Wilson (M. D. or other) Do  
Address Osberry Mo Date signed 10/30/44

(Licensed Embalmer's Statement on Reverse Side)

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

7-10

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-8-44

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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.....

*Wayne McBoy*

Licensed Embalmer No. 3586

P. O. Address Troy, 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.**