

No. 2  
 5-17-39  
 X37823

2739

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 15 1945  
 Registration District No. 790

Primary Registration District No. 5628

Registrar's No. \_\_\_\_\_

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

3003

1. PLACE OF DEATH:  
 (a) County Laclede  
 (b) City or town Lynchburg #32  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Unoceno de m...  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 46 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Laclede  
 (c) City or town Lynchburg 5300  
(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 Richard ARMSTEAD Venable  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 6  
 year 1945 hour 7 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex male 5. Color or race w 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive 85 years  
 7. Birth date of deceased: October 13 1854  
(Month) (Day) (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
 Immediate cause of death Dead when I saw him, died suddenly of Heart attack Duration

8. AGE: Years 91 Months 2 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Dallas Co. Mo!!  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Merchant

Major findings: 9504  
 Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Erving Venable  
 13. Birthplace unborn Mo!!  
(City, town, or county) (State or foreign country)  
 14. Maiden name Rebecca Small  
 15. Birthplace unborn  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ms. Ella V. Willard

22. If death was due to external causes, fill in the following:

(b) Address Cypress Mo

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) Burial (b) Date thereof Jan 8 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation Int. Carex

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

18. (a) Signature of funeral director Gaylord V. Elliott

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

(b) Address Houston, Mo

... While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

19. (a) 1-12-45 (b) Grace Roper  
(Date received local registrar) (Registrar's signature)

23. Signature J.P. Hornsby Address Houston, Mo Date signed 1/7/45

Received .....

Laclede County Health Unit

File No. 1-45-2

Date Filed 2/14/45

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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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.