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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 105

Registration District No. 133 Primary Registration District No. 3022

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(c) Name of hospital or institution Bethany Hospital
(d) Length of stay: In hospital or institution 1 hour
In this community about 1 year.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Harrison
(c) City or town New Hampton Mo
(d) Street No. 41
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Vigil Richard
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 20
year 1945 hour 10 minute 40 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male 5. Color or race white 6. (a) Single, widowed, married divorced widowed

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

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

Immediate cause of death accident

7. Birth date of deceased July 25 1941
(Month) (Day) (Year)

Due to Run into by car on Highway #13 South

8. AGE: Years 33 Months 5 Days 25 If less than one day hr. _____ min. _____

Due to Bethany Mo Head injury - arm & leg

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

Other conditions Broken also chest crushed.

10. Usual occupation Truck driver

Major findings: Of operations _____ Of autopsy 1706 21

11. Industry or business _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident #41
(b) Date of occurrence Jan 20 1945

12. Name Wade Hampton Richard
13. Birthplace Missouri
14. Maiden name Nora Gwin
15. Birthplace Missouri

(c) Where did injury occur? Free Bethany Harrison Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway #13 - 2 miles South Bethany Mo

16. (a) Informant John Hill
(b) Address Bethany Mo
17. (a) General (b) Date of Jan 22 1945
(c) Place: burial or cremation Plato Missouri
18. (a) Signature of funeral director Joe E. Wheeler
(b) Address Bethany Mo
19. (a) Jan 22 1945 (b) Joe E. Wheeler
(Date received local registrar) (Registrar's signature)

23. Signature Joe E. Wheeler, Coroner
Address Bethany Mo Date signed Jan 22 1945

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..... *Joe E. Wheeler*.....
Licensed Embalmer No..... *3512*.....
P. O. Address..... *Bethany 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.