

FILED DEC 6 1945 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
820 East Lexington St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO  
In this community 28 Yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray  
(c) City or town Richmond, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 820 East Lexington St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT John Raleigh Tarr  
FULL NAME

3. (b) If veteran, No name war  
3. (c) Social Security No. 500-07-2755

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Nannie Tarr  
6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 24, 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 28  
If less than one day  
hr. min.

9. Birthplace Leavensworth, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name William J. Tarr  
13. Birthplace Pennsylvania  
14. Maiden name Janett Stone  
15. Birthplace Georgia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nannie Tarr  
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 11/24/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Life Fun. Home  
(b) Address Richmond, Mo.

19. (a) 11-24-45 (b) male jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22  
1945 year. hour 11 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1945  
19\_\_\_\_ to Nov 22-45 19\_\_\_\_  
that I last saw him alive on Nov 22-45, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary heart,

Due to Dont know,

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(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?  
Home,

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature [Signature] (M. D. or other) MD  
Address Richmond, Mo Date signed 11/24-45

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

**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.....

*Louis Sweet*

Licensed Embalmer No. *4096*

P. O. Address.....

*Richmond, 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.**