S. No. 2
OM—2-43
v. 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

FILED JAN 5 1946

State File No. 41914

Registration District No. 233 Primary Registration District No. 4348 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether in this community years, months or days) 10 Mounth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town Wellsville Mo (If outside city or town limits, write "RURAL") 2

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? ~~Yes~~ No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Mary W. Richards

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife D. H. Richards 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept (Month) 30 (Day) 1859 (Year)

8. AGE: Years 86 Months 2 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Lincoln Co Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business Same

FATHER
12. Name Hiram Ruling
13. Birthplace Lincoln Co Mo (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Lucan Graves
15. Birthplace Lincoln Co, Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant N B Wells

(b) Address Wellsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-45 (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville Mo

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 12-28-45 (Date received local registrar) (b) Thos. Merritt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1945 hour 8-9 minute 8 a M.

21. I hereby certify that I attended the deceased from Feb 1 1945 to Dec 25 1945 that I last saw her alive on Dec 23 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver	10 Mo
Due to ✓	
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? ✓ (Specify type of place)

While at work ✓ (e) Means of injury ✓

23. Signature J. H. Lloyd (M. D. or other)

Address Wellsville Mo Date signed 12-27-45

1480

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-3-46

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~~ Self

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.