

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

Rev. 4-1-36 I X1811 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 6 1946
Registration District No. 340

Primary Registration District No. 6167

Registrar's No. 7

1. PLACE OF DEATH: Stoddard
 (a) County: Stoddard
 (b) City or town: Parma, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 3 yr (Specify whether years, months or days)
 In this community: 3 yr

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Stoddard
 (c) City or town: Parma, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 1st East Hill St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.: ✓ years.

3. (a) PRINT FULL NAME: George Pete Richard
 3. (b) If veteran, name war: No
 3. (c) Social Security No.: No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 26
 year 1946 hour 4 minute 15 A. M.

4. Sex: M
 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Eula Mae Richard
 6. (c) Age of husband or wife if alive: 26 years
 7. Birth date of deceased: Jan 27 1901
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-22-46, 1946, to 4-26-46, 1946;
 that I last saw her alive on 4-25-46, 1946;
 and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 2 Days 29 If less than one day hr. _____ min. _____

Immediate cause of death: After Anemia
 Due to: _____
 Due to: _____

9. Birthplace: Stoddard W. Mo.
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death): _____

10. Usual occupation: farmer

Major findings: A
 Of operations: _____
 Of autopsy: 10

MOTHER FATHER
 11. Industry or business: _____
 12. Name: Oliver Richard
 13. Birthplace: unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name: Deloise Roger
 15. Birthplace: unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature: Eula Mae Richard
 (b) Address: Parma, Mo. Rt 1
 17. (a) burial (b) Date thereof: 4/28/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Taylor
 18. (a) Signature of funeral director: W. H. Thompson
 (b) Address: Parma, Mo
 19. (a) May 14 1946 (b) Lottie Jeffress
 (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: _____
 23. Signature: J. T. Gelber (M. D. or other) Yes
 Address: Parma, Mo Date signed: 5/3/46

RECEIVED

District Health Office No. _____

District File Number 646-66

Date Filed 6-3-86

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.