S. No. 2
—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29323

Registration District No. 340 Primary Registration District No. 4503 Registrar's No. 12

1. PLACE OF DEATH:
(a) County STODDARD
(b) City or town BERNIE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DEASCED: 103
(a) State MO (b) County STODDARD
(c) City or town BERNIE / (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HELEN RICHERT
3. (b) If veteran, name war
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife AUGUST RICHERT
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 10 (Day) 1870 (Year)

8. AGE: Years 75 Months 11 Days 20 If less than one day hr. min.

9. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business OWN HOME
MOTHER FATHER
12. Name UNKNOWN 4
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 4
16. (a) Informant CLARENCE RICHERT
(b) Address BROSELEY MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug. 1 1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ KANE HOL. CEM.
18. (a) Signature of funeral director Floyd Russell
(b) Address Piedmont Mo
19. (a) July 31, 1946 (Date received local registrar) (b) Lottie Jefferson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1946 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from 10-29- 1945 to 7-30- 1946 that I last saw him alive on 7-30- 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	1 year
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? —
While at work? — (Specify type of place) (e) Means of injury —

23. Signature Dawson Ryan (M. D. ~~or other~~)
Address Bernie Mo Date signed 7-31-46

(Licensed Embalmer's Statement on Reverse Side)

357

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

28161

RECEIVED
District Health Office No. 2,
District File Number 946-1060
Date Filed 9-3-46

OCT 1 1946

1961 8 1 NOV

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, fact should be so stated above.