V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1946

State File No. 32501

Registration District No. 368 Primary Registration District No. 6248 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Richwoods
(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 Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington

(c) City or town Richwoods
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Henry Everett

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Synda Pounds

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

7. Birth date of deceased Oct (Month) 6 (Day) 1866 (Year)

8. AGE: Years 79 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Lester Heads
(b) Address Richwoods Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Horine Cem

18. (a) Signature of funeral director Roach Kilbert Richwoods
(b) Address Richwoods Mo

19. (a) 9-8-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 5th year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 3, 1946 to Sept 5, 1946 that I last saw him alive on Sept 5, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Bronchial	
Due to Old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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? No (e) Means of injury 0

23. Signature C. W. Parker (M. D. ~~or other~~)

Address Richwoods Mo Date signed 9/8-46

3 3 4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 946-2622
Date Filed 9-12-46

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.....

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

working under my personal supervision.

Signed Sherwood Mitchell

Licensed Embalmer No. 3873.

P. O. Address St. Clair, 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.