No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 5 1947

Registration District No. 15

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5585

State File No. 13898

Registrar's No. 95

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: rural --Madison township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1, Carthage
(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: 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 1, Carthage 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country: ----------

3. (a) PRINT FULL NAME: VERNA RICHMOND
3. (b) If veteran, name war: none
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: J. Perry Richmond
6. (c) Age of husband or wife if alive: -----years
7. Birth date of deceased: January (Month) 19 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
49	2	28	....hr. ....min.

9. Birthplace: Lawrence County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: at home
MOTHER FATHER
12. Name: Hilton O. Oliver
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country) 9
14. Maiden name: unknwon
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country) 9
16. (a) Informant: Mrs. Loyd Crowe
(b) Address: Route 3, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Apr 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Dudenville Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri
19. (a) 4-21-47 (Date received local registrar) (b) L. B. Clinton (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1947 hour 4 minute 45 p M.
21. I hereby certify that I attended the deceased from ..... 19.....; that I last saw ..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Did Not Attend

Immediate cause of death	Duration
Congestive Decline	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 94A
Of autopsy:

PHYSICIAN: Underline the cause of 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) 2
While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other) DO
Address: [illegible] Date signed 4/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-3-859

SEP 15 1948

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 Emm L Greer

Licensed Embalmer No. 391

P. O. Address Carthage

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.