

No. 2  
M-5-43  
7-5-17-39  
P-1 X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25124

FILED AUG 11 1947

State File No. \_\_\_\_\_

Registration District No. 297

Primary Registration District No. 4022

Registrar's No. 64

**1. PLACE OF DEATH**

(a) County Ray

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

(c) Name of hospital or institution:  
Richmond #4 - 5 miles West Richmond  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 15 yrs.  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Ray <sup>89</sup>

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

(d) Street No. Richmond #4 - 5 miles W. Richmond  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** David Allen O'Bell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased December 26, 1931  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 23  
year 1947 hour \_\_\_\_\_ minute 6:00 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Drowning Duration \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>15</u>	<u>5</u>	<u>27</u>	_____ hr. _____ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business Farming

**MOTHER FATHER**

12. Name Margaret O'Bell

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Marie McGeehan

15. Birthplace Richmond Mo.  
(City, town, or county) (State or foreign country)

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.

16. (a) Informant Mr. Rufus O'Bell

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof 6/26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director Edith Hill F.A.

(b) Address Richmond Mo.

19. (a) June 28-47 (b) Malcol Jackson  
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) accident of

(b) Date of occurrence June 23, 1947

(c) Where did injury occur Richmond (Rural) Ray Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Drowning in a pond  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature John F. Baker <sup>Coroner</sup>  
(If Deaf or other) \_\_\_\_\_  
Address Richmond Mo Date signed 6-26-47

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

RECEIVED

District Health Officer No. 3,

District File Number

Date Filed 8-8-47

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 [Signature]

Licensed Embalmer No. 4066

P. O. Address [Signature]

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.