

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26714
Registrar's No. 40

FILED AUG 29 1947
Registration District No. 173

Primary Registration District No. 5072

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

1. PLACE OF DEATH: Barton

(a) County New Port Township, Rural

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

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 66 years (Specify whether years, months or days)

In this community 66 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. 7 miles east of Lamar, Mo.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Susanna Elizabeth Richards

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife A. L. Richards 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased January 31 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>06</u>	<u>04</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Dimmick

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

14. Maiden name Rhoda Dove

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

16. (a) Informant Mr. Otis Stanbro

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof 8-7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morehead Cemetery

18. (a) Signature of funeral director Chiles Funeral Home

(b) Address Lamar, Missouri

19. (a) AUG 7 - 1947 (b) Morse Kenagy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 2 1947, to Aug 5 1947, that I last saw her alive on Aug 2 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary artery sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

23. Signature Jern T. Bichel (M. D. or other) M.D.
Address Lamar, Mo. Date signed 8/6/47

RECEIVED
District Health Officer No. 6,
District File Number 847-889
Date Filed AUG 27 1947

AUG 28 1947
3361 ST

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 Clarence W. Chiles
Licensed Embalmer No. 3473
P. O. Address Tomas 260

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.