

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31577**  
Registrar's No. **189**

National Office of Vital Statistics  
**FILED SEP 19 1947**

Registration District No. **15**

Primary Registration District No. **3028**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **McCune-Brooks Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 weeks**  
(Specify whether  
In this community **2 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Carthage**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **907 Olive St.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**ROY W. RICKEY**

3. (b) If veteran, name war

**none**

3. (c) Social Security No.

**none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **--- years**  
7. Birth date of deceased **January 22 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67 7 11** hr. min.

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

10. Usual occupation **retired laborer**

11. Industry or business \_\_\_\_\_  
12. Name **unknown**  
13. Birthplace **unknown** **unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown** **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Beessie Jones**  
(b) Address **Waterloo, Iowa**

17. (a) **removal** (b) Date thereof **Sept. 5, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Grand Rapids, Mich.**

18. (a) Signature of funeral director **Knell Mortuary**  
(b) Address **Carthage, Missouri**

19. (a) **9-4-47** (b) **J. B. [Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **3**  
year **1947** hour **12** minute **10** a. m.

21. I hereby certify that I attended the deceased from **July 14, 1947** to **Sept 3, 1947**  
and that I last saw him alive on **Sept 3, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Valvular Heart**  
Due to **Chronic Valvular Heart**

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **J. B. [Signature]** (M. D. or other) \_\_\_\_\_  
Address **Carthage, Mo.** Date signed **9-8-47**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

47-9-768

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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.....

*Robert H. Knell*

Registered Apprentice No. *406*

working under my personal supervision.

Signed.....

*Robert H. Knell*

Licensed Embalmer No. *393*

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.