. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 596

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town ~~106 Riverlane~~ Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 106 Riverlane Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Danny Edward Richters
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 15 1947 (Month) (Day) (Year)

8. AGE: Years | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Jefferson City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Harry Edward Richters
13. Birthplace Pacific, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel Mae Salamink
15. Birthplace Herman, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Harry Edward Richters
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery
18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.
19. (a) 1-3-48 (Date received local registrar) (b) R. P. Dorris MD NP (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd year 1948 hour 12 minute 40 a M.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to Jan 3, 1948; that I last saw h.i.m. alive on Jan 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia — Duration 4 days
Due to Toxemia
Due to Virus infection of respiratory and intestinal tract
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Same as above

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)
While at work? (e) Means of injury

23. Signature John W. McHaney (M. D. or other) MD
Address Jefferson City, Mo. Date signed 1/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/15/48

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 Al Frenzel Jr, Registered Apprentice No. 80, working under my personal supervision.

Signed Victor Bueschu

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.