. S. No. 2
M—1/47
v. 5-17-39

49

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

9040

State File No.

FILED APR 6 1948

Registration District No. 1517

Primary Registration District No. 3028

Registrar's No. 75

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: 1034 So. Garrison Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 7 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1034 So. Garrison 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Maj. Jerre Turner RICHARDS

3. (b) If veteran, name war World War #1

3. (c) Social Security No. No 1

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Rose Richards

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May (Month) 22, (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	1	hr. min.

9. Birthplace Riola, (City, town, or county) Wis. (State or foreign country) 1

10. Usual occupation Ret. Const. Eng.

11. Industry or business

FATHER
12. Name Morton Vanburen Richards
13. Birthplace Unknown (City, town, or county) New York (State or foreign country) 1

MOTHER
14. Maiden name Turner
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Rose Richards
(b) Address 1034 S. Garrison Carthage, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 3-24-1948 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd. year 1948 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 29, 1948, to Mar. 23, 1948; that I last saw him alive on March 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral arteriosclerosis	6-8 mo-
Due to: Generalized arteriosclerosis	? years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 97
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)

Mo 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 0

23. Signature Charles H. Schell (M. D. or other) M.D.

Address Carthage, Mo- Date signed Mar. 24, 1948

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-3-273

APR 6 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 Charles H. Hutsler Jr. Registered Apprentice No. 24, working under my personal supervision. Charles H. Hutsler Jr.

Signed Gene. C. Pugh. Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.