S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 - 1948

Registration District No. 1482

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19088

Primary Registration District No. 5422

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural #2
(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 (Specify whether)
In this community 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Kennett 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural # 2 000
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John T. Rich

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Minnie Rich

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June (Month) 8 (Day) 1885 (Year)

8. AGE: Years 63 Months Days 11 If less than one day hr. min.

9. Birthplace Henry Co (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Farming Labor

11. Industry or business Farming

FATHER
12. Name James Rich
13. Birthplace Henry Co (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Narissa Bunn
15. Birthplace Henry Co (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Panintha Jane Ward
(b) Address Kennett Mo-R 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 20 (Day) 48 (Year)
(c) Place: burial or cremation Senath Mo

18. (a) Signature of funeral director Lentz Service
(b) Address Kennett Mo

19. (a) 6-20-1947 (Date received local registrar) (b) Earl Husbarg Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1948 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 3-10, 1948 to 6-18, 1948 that I last saw him alive on 6-18 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-respoarory failure	2yrs
Due to cancer of the cardiac portion of the stomach	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert S. Green (M. D.)
Address Kennett Mo Date signed 6-19-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 648-816
Date Filed 6-30-40

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 Walter A Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.