S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35330

Primary Registration District No. 4499

Registrar's No. 93

1. PLACE OF DEATH:

(a) County: Shelby county

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: Enitre life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shelby

(c) City or town: Shelbina Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 4 miles West
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Lee Vaughn Richards

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: October 19th 1939 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
8	11	12	... hr. ... min.

9. Birthplace: Shelbina (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: None

11. Industry or business: "

MOTHER FATHER

12. Name: Carl W. Richards

13. Birthplace: Bethel (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Ethel Vaughn Poague

15. Birthplace: Shelbina, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Carl Richards

(b) Address: Shelbina, Mo.

17. (a) Burial (Burial, cremation, removal) (b) Date thereof: 10-3-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Shelbina, Mo.

18. (a) Signature of funeral director: Million & Barkelew

(b) Address: Shelbina, Mo.

19. (a) Oct 26-48 (Date received local registrar) (b) Ruth Jaqer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 1 day 1 year 1948 hour 3 minute 4 A. M.

21. I hereby certify that I attended the deceased from June 1, 1948 to Oct 1, 1948 that I last saw him alive on Oct 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: suppuration of Left Lung	2 m.
Due to: Pulmonary Tuberculosis	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 3 B
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):

(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? 2

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

23. Signature: J. L. Simpson (M. D. or other) DO

Address: Shelbina Mo Date signed: Oct 1. 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-48-1852
Date Filed NOV 1 - 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed C W Hawkins

Licensed Embalmer No. 3498

P. O. Address Gilman 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.