S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35331

FILED OCT 20 1948

Registration District No. 237

Primary Registration District No. 4499

Registrar's No. 90

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

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
In this community Entire life
years, months or days)

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

3. (a) PRINT FULL NAME Merle Leroy 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 August 24th 1948 (Month) (Day) (Year)

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

9. Birthplace Shelbina (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business "
FATHER
12. Name Merle Richards
13. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ruth Arlene Willey
15. Birthplace Shelbyville (City, town, or county) Missoiri (State or foreign country)
16. (a) Informant Merle Richards
(b) Address Shelbina, Mo.
17. (a) Burial (Burial, XXXXXXXXXX) (b) Date thereof 8-26-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbyville, Mo.
18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina, Mo.
19. (a) Oct 14-48 (Date received local registrar) (b) Ruth Joyner (Registrar's signature) 307

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th year 1948 hour 6 minute 50 A. M.
21. I hereby certify that I attended the deceased from Aug 25 1948 to Aug 26 1948 that I last saw him alive on Aug 26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Spasms from some cause I do not know

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 S L Simpson (M. D. or other) DO
Address Shelbina Mo Date signed Oct 19 48

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

RECEIVED
District Health Office No. 10
District File Number 10-48-180
Date Filed OCT 19 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 James D. Davis

Licensed Embalmer No. 4478

P. O. Address S. Kelbina, 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.