

1939 JUN 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19579
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
(b) Township Richmond Primary Registration District No. 3035
(c) City Richmond (d) Street No. 457 N. College St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 224

2. PRINT FULL NAME Nannie F. Falk

(a) Residence, No. 457 N. orth College St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. F. Falk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Richmond,
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John Flaurnay

14. BIRTHPLACE (CITY OR TOWN) Louisville,
(STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Nannie Keel

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT C. D. Falk
(ADDRESS) Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunny Slope DATE May 23, 1939

19. FUNERAL DIRECTOR (NAME) E. Thurman 6/15/39
(ADDRESS) Richmond, Mo.

20. FILED 6-1 1939 Marjorie McDonald
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1938 to 5-21, 1939

I last saw he alive on 5-21, 1939 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast
Date of onset

Other contributory causes of importance:

Carcinoma of neck
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. E. Jay, M. D.
Richmond, Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa.

57

RECEIVED
District Health Officer No. 8,
Date Recd 6/7/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

1957
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
(b) Township..... Primary Registration District No. 3035
(c) City Richmond (d) Street No..... Registered No. 224
(c) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Mamie F Falk

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19.....

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast
Breast involved
first
Sarcoma of neck
Date of onset

Other contributory causes of importance:

Name of operation 50 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) E. E. Ray, M. D.
(Address) Richmond Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Every item of information should be carefully supplied. AGE should be stated EXACTLY IN FIGURES should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

SUPPLEMENTARY

