

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. *43726*

JAN 12 1940

Registration District No. *411*

Primary Registration District No. *2-002 5569* Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R R 1, Box 808
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R R 1, Box 808
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME David W. Rich *2011*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie May Rich 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 29, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 3 26 hr. min.

9. Birthplace Straton Colo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name N S Rich

13. Birthplace Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Pettijohn

15. Birthplace Gentry County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature May Rich

(b) Address R 1, Box 808, Joplin, Mo.

17. (a) Burial (b) Date thereof 12-27-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director J. H. Reynolds

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 12-29-39 (b) _____
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

372 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th
year 1939 hour 9:10 minute 8 M.

21. I hereby certify that I attended the deceased from Nov 27-39
1939, to Dec 23, 1939.
that I last saw him alive on Dec 23, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, etc.
Acute Regurgitation
Lues Duration 1 yr.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 34

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Gay J. Wurditt (M. D. or other) _____
Address 401 Emancip Bldg. Joplin Date signed 12-28-39

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 important.

RECEIVED

District Health Officer No. 6,

District File Number 140-171

Date Filed JAN 10 1940

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 J. R. Reynolds

Licensed Embalmer No. 3218

P. O. Address Josephine

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.