No. 2
-10-39
7-39
X21492

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

FILED FEB 7 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2171

Registration District No. 222 Primary Registration District No. 4135 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Pilot Grove, 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 ✓ ✓ (Specify whether

In this community 5 yrs. 2 ?
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Elkland - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. about 1½ Mile North
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ——— years.

3. (a) PRINT FULL NAME GREEN-BERRY-RICHERSON.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Rebecca Richerson

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

7. Birth date of deceased July 24 1860.
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 7 If less than one day ——— hr. ——— min.

9. Birthplace Middle - Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farming.

11. Industry or business Same.

FATHER
12. Name Jim Richerson
13. Birthplace unknown - Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant G. B. Richerson

(b) Address Elkland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-2-1940.
(Month) (Day) (Year)

(c) Place: burial or cremation Elkland Cem - Elkland Mo.

18. (a) Signature of funeral director Ray Tainey

(b) Address Marshfield Missouri

19. (a) Feb. 1-1940 (Date received local registrar) (b) Mrs. E. B. McCutcheon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1940 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15 1940 to Jan 31 1940;
that I last saw him alive on Jan 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Chas Sandy (M. D. or other)

Address Pilot Grove Mo Date signed 1-31-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/7/40

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 X X X, Registered Apprentice No. X working under my personal supervision.

Signed Roy Rainey

Licensed Embalmer No. X3312

P. O. Address Marshfield, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.