

1. PLACE OF DEATH:

(a) County. **Bollinger**  
(b) City or town. **Lutesville,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community **6 or 7 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo.** (b) County. **Bollinger**  
(c) City or town. **Lutesville**  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. **June 13th** 1940  
year **1940** hour **7:00** minute **P.M.**  
21. I hereby certify that I attended the deceased from **1938**  
**to death**, 19 to 19;  
that I last saw her alive on **Apr 16**, 1940  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **Margaret Richards 263**

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

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

6. (b) Name of husband or wife. **R L Richards** 6. (c) Age of husband or wife if alive. **81** years

7. Birth date of deceased. **Jan 3 1851**  
(Month) (Day) (Year)

8. AGE: Years **89** Months **6** Days **10** If less than one day hr. min.

9. Birthplace. **Ala.** (City, town, or county) (State or foreign country)

10. Usual occupation. **House Keeper**

11. Industry or business

MOTHER FATHER  
12. Name. **Unknown Silvia Hellerher 9**  
13. Birthplace. **Unknown Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name. **Unknown Elizabeth Lewis**  
15. Birthplace. **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature. **R.L. Richards**  
(b) Address. **Lutesville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof. **June 25 1940**  
(Month) (Day) (Year)  
(c) Place: burial or cremation. **Baker Cem., Lutesville, Mo**

18. (a) Signature of funeral director. **Baker Funeral Home**  
(b) Address. **Lutesville, Mo.**

19. (a) **June 16, 1940** (Date received local registrar) (b) **Willie H. Dan Am. trough** (Registrar's signature)

Immediate cause of death. **92 W**  
Due to. **Mitral Stenosis**  
Due to. **Influenza mech + apor 1940**  
Other conditions. **Age**  
(Include pregnancy within 3 months of death)  
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?  
866 (Specify type of place) While at work? (e) Means of injury.  
23. Signature. **Edwin F. Wagner** (M. D. or other) Address. **Travelton, Mo.** Date signed. **6-23**

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.

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**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.