

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28694
Registrar's No. 15

Registration District No. 390

Primary Registration District No. 5545

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Annapolis
(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) 2
(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 Iron
(c) City or town Annapolis
(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.

3. (a) PRINT FULL NAME John F. Risher 260

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

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

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

7. Birth date of deceased March 25 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Battle Creek, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Timber

11. Industry or business _____

12. Name Dan Risher

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

14. Maiden name Unknown

15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Pender
(b) Address Annapolis, Missouri

17. (a) Annapolis (b) Date thereof 9-1-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mining Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address [Address]

19. (a) [Signature] (b) [Signature]
(Diploma received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1940 hour 10 minute 30 a M.

21. I hereby certify that I attended the deceased from June 1,
1940, to Aug 31, 1940;
that I last saw him alive on Aug 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations None

Of autopsy None

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 B. M. Fitzpatrick (M. D. or other) _____

Address [Address] Date signed 9/1/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

.....*8/31/40*....., Registered Apprentice No.....
working under my personal supervision.

Signed *Geo. P. Leuchel*.....

Licensed Embalmer No. *3475*.....

P. O. Address *Greentown 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, above space should be left blank.