

AUG 9 1940
Registration District No. **887**

Primary Registration District No. **6182**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Russian Boys
(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

3. (a) PRINT FULL NAME Lucy Raderrick

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

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased April 1 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 41 If less than one day _____ hr. _____ min.

9. Birthplace Washington (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housework

MOTHER FATHER
11. Industry or business _____

12. Name Jessie Oshuchans
13. Birthplace Washington (City, town, or county) Mo (State or foreign country)
14. Maiden name Elizabeth Parker
15. Birthplace Washington (City, town, or county) Mo (State or foreign country)

16. (a) Informant Archie Raderrick
(b) Address Cadet mo

17. (a) Patrol (b) Date thereof July 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patrol mo

18. (a) Signature of funeral director Sparks
(b) Address Patrol mo

19. (a) July 20 40 (b) G.F. Presaupe
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wash
(c) City or town Russal (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 July day 12
year 1940 hour 10 am minute _____ M.

21. I hereby certify that I attended the deceased from July 10, 1940, July 12, 1940
that I last saw h. ex alive on July 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Duration _____

Due to _____
Due to _____

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

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? 808
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph L. Thurman (M. D. or other) _____
*Address Patrol mo Date signed 7-17-40

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

10

3-1739
I X 218

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30015-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 887

Primary Registration District No. 6182

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Remont, Mo.
(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 _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wash

(c) City or town Cadet, Rural
(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 Lucy Roderick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1940 hour _____ minute _____ M.

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased: _____
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years Months Days If less than one day

82 3 11 _____ h. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation _____

Major findings:
Of operations _____

MOTHER FATHER

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

(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? _____

18. (a) Signature of funeral director _____
(b) Address _____

While at work? _____
(Specify type of place) (e) Means of injury _____

19. (a) May 1-41 (b) G.F. Casselle
(Date received by registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTAL COPY

