

FILED JAN 21 1941

Registration District No. 919

Primary Registration District No. 57932

Registrar's No. 27

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

1. PLACE OF DEATH: Morgan  
 (a) County Morgan  
 (b) City or town Rural Blawers Creek Twp  
 (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 1  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME LINDA SUE RICHARDS  
 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 single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 2 1941  
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0  
 If less than one day hr. 45 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Robert Richards  
 13. Birthplace Centralia Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Myrtle Jane Colwell  
 15. Birthplace Stover Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Richards  
 (b) Address Centralia Mo

17. (a) Burial (b) Date thereof Jan 2 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo Cemetery Friends

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Stover Mo

19. (a) Jan 2 1941 (b) Am. Pappinger  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Morgan  
 (c) City or town 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.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 2 rd  
 year 1941 hour 4 minute A M.  
 21. I hereby certify that I attended the deceased from Jan 2  
 \_\_\_\_\_, 1941, to Jan 2, 1941.  
 that I last saw her alive on Jan 2, 1941.  
 and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis  
 Due to \_\_\_\_\_  
 Due to 161 W  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy

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? \_\_\_\_\_

530  
 While at work?  (Specify type of place)  
 Means of injury Chest

23. Signature Chas. Hest (M. D. or other) 0  
 Address Stover Mo Date signed Jan 4

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 1-41-93

Date Filed 1-11-41

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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, fact should be so stated above.**