No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22545

Registration District No. 744 Primary Registration District No. 5976B. Registrar's No. 67

1. PLACE OF DEATH:

(a) County Ray

(b) ~~City or town~~ Richmond Twnshp. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALMA MARGARET RETHURST

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 November (Month) 29, (Day) 1867 (Year)

8. AGE: Years 73 Months 7 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace St. Charles, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Duties

11. Industry or business .....

FATHER
12. Name John Rethurst
13. Birthplace St. Charles, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mary Meyer
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Laura Wuttke
(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 8, (Day) 1941 (Year)
(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director E. Thurman
(b) Address Richmond, Mo.

19. (a) July 7-41 (Date received local registrar) (b) Malul Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1941 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 1941, 19.. to July 6, 1941, that I last saw her alive on July 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B. — Duration

Due to .....

Due to .....

Other conditions Carcinoma of Colon Carcinoma
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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

23. Signature E. E. Gay (M. D. or other) C
Address Richmond, Mo. Date signed 7-7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-12-41

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 E. Hinman

Licensed Embalmer No. 2073

P. O. Address Richmond, Mo.

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

If this body is not embalmed, fact should be so stated above.