

U.S. No. 2  
OM-5-42  
Rev. 5-17-38

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14478

State File No. ....

FILED APR 27 1943

Registration District No. 144

Primary Registration District No. 5564

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural ; Union  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3 miles North of Annapolis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

(d) Street No. 3 miles North of Annapolis  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Maggie Risher

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1943 hour 6 minute 30 P.M.

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 June 12 1917  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from approx 1943 to April 13 1943  
that I last saw her alive on April 11 1943  
and that death occurred on the date and hour stated above.

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

25	8	1	
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\_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death consolidation of lung tissue and pneumonia

Due to influenza

Due to \_\_\_\_\_

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

Other conditions (include pregnancy within 3 months of death) 330

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Lewis Risher

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

14. Maiden name Laura Goodman

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

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

Of autopsy \_\_\_\_\_

16. (a) Informant Lewis Risher

(b) Address Annapolis Mo.

17. (a) burial (b) Date thereof 4-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Norman White & Sons

(b) Address Success White Ironton Mo.

19. (a) 4-14-43 (b) Virginia R. Miller  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature E. McTear (M. D. or other) \_\_\_\_\_

Address Cesterville Mo Date signed 4/14/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

349  
27/43

1283

APR 30 1943 - 1943

APR 28 1943

RECEIVED

District Health Officer No. 4

District File Number 443-2097

Date Filed 4-26-43

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.....

*was not embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Amel White*.....

Licensed Embalmer No. *3012*.....

P. O. Address *Boston, Mass*.....

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.