

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17252

FILED JUN 9 1943

1. PLACE OF DEATH

County Andrew

Registration District No. 2

Township Monroe
City Cosby (No. 1)

Primary Registration District No. 4008

File No. _____
Registered No. 60
St. _____ Ward _____

2. FULL NAME William H. Riche

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>(white)</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Riche deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28th, 1879</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>9</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>B.P.W City of St. Joseph</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
		11. Total time (years) spent in this occupation <u>5 yrs</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1943

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1943 to May 8, 1943

I last saw h.i.m alive on May 8, 1943 Death is said

to have occurred on the date stated above, at 1:30 pm.

The principal cause of death and related causes of importance were as follows:

- Chronic myocarditis and myocardial degeneration
- Disease of aortic valve

Date of onset _____

Other contributory causes of importance: 93d

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) W. S. Maxwell _____

(Address) Cosby, Mo.

12. BIRTHPLACE (CITY OR TOWN) Hemple, Mo.
(STATE OR COUNTRY)

13. NAME John Riche

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Blankenship

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

17. INFORMANT Mrs. John Heller

(ADDRESS) Cosby, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burial DATE May 11, 1943

19. UNDERTAKER Tracy Barry Funeral Home

(ADDRESS) 218 South 10th St., St. Joseph, Mo.

20. FILED 5/11/43 J. H. Fitchman
Registrar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 9 1948

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 supervision.

Signed Law Clark
Licensed Embalmer No. 4216
P.O. Address St Joseph, Mo