No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35900

State File No. .....

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 201

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 995 W. North St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97

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

(d) Street No. 995 W. North St.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME GERTRUDE MEADOWS RICHARDS

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

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

6. (b) Name of husband or wife Reuben Richards 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May - 24 - 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	4	18	..... hr. ..... min.

9. Birthplace — (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Harry Meadows
13. Birthplace — (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Settler
15. Birthplace — (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Reuben Richards
(b) Address Marshall Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Malta Bend Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) 10-13-43 (Date received local registrar) (b) Mrs T. O. Weselbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1943 hour 2 minute 45 A M.

21. I hereby certify that I attended the deceased from June 1, 1943, to Oct 12, 1943
that I last saw her alive on Oct 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Lungs	4 month
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

47 d

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)
Address Marshall Mo Date signed 10/13/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-10-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address. Marshall 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.