. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34770

Primary Registration District No. 3043

Registrar's No. 299

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 417 Bird St. (If not in hospital or institution, write street number or location) 1

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal (If outside city or town limits, write "RURAL") 3 4

(d) Street No. 417 Bird (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Joseph Moore Richards

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Nettie M.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 15, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	4	8	hr. min.

9. Birthplace Carlyle (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Moses E. Richards
13. Birthplace Belfontaine, Ohio (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Sallie E. Smith
15. Birthplace No Record (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Arie K. Dubach

(b) Address 417 Bird, Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Riverside

18. (a) Signature of funeral director Wm M. Smith

(b) Address 902 Broadway, Hannibal, Mo.

19. (a) 9-27-44 (Date received local registrar) (b) R W Common (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23 year 1944 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan, 1952, to Sept 23, 1944 that I last saw him alive on Sept 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder Metastasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 52b

Major findings:
Of operations

Of autopsy

Duration 3

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 Hannibal Mo Date signed

1146

(Licensed Embalmer's Statement on Reverse Side)

Sept 26 - 44

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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address 902 Broadway Hannibal Mo

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.