

FILED JUN 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 130

Primary Registration District No. 5463H

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #2 Strafford, Missouri
(If not in hospital or institution, write street number or location)
(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 Greene 39
(c) City or town Route #2 Strafford, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. MARY A. RICHTERS

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 Widowed

6. (b) Name of husband or wife William J. Richters 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 4, 1911 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Pomeroy, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name George Baum 4

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

14. Maiden name Barbara Meinhardt

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

16. (a) Informant Julius L. Richters 4

(b) Address Denver, Colorado

17. (a) Burial (b) Date thereof May 23, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis St. Springfield, Mo

19. (a) May-29-1946 (b) Harry Grier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21
year 1946 hour 4:12 minute A M.

21. I hereby certify that I attended the deceased from 5-6-46
1946 to 5-20 1946
that I last saw her alive on 5-20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio - Renal - Vascular
lesion Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1310

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? _____

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

23. Signature Harry Grier (M. D. or other) M.D.

Address Springfield Mo Date signed 5-23-46

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

JAN 9 1950

JUL 19 1954

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..... *Frank Grable*

Licensed Embalmer No. *4140*

P. O. Address..... *Springfield, 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.