V. S. No. 2
00M—5-43
ev. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19623

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 198

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 921 M Main (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) 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL") 7

(d) Street No. 921 M Main (If rural, give location) 3

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME LAWFRENCE CARL RICHTER

3. (b) If veteran, name war NO

3. (c) Social Security No. 493-05-4503

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ESTER MUEGGE

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased OCT (Month) 5 (Day) 1901 (Year)

8. AGE: Years 44 Months 7 Days 22 If less than one day hr. min.

9. Birthplace NEPONSET (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation MANGER OF SERVICE

11. Industry or business AUTOMOBILE

FATHER
12. Name CARL RICHTER
13. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name MINNIE ALBRIGHT
15. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant ESTER RICHTER

(b) Address POPLAR BLUFF MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/46 (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEME

18. (a) Signature of funeral director FRANK-COTRELL CHAPEL

(b) Address POPLAR BLUFF MO

19. (a) 6/25/46 (Date received local registrar) (b) R H Menitree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 25 1946 to May 26 1946 that I last saw him alive on May 25 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1/2 Hr.
Due to Myocarditis Indefinite	?
Due to	
Other conditions (Include pregnancy within 3 months of death) Was not present when he died.	

Major findings:
Of operations 94.0

Of autopsy

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 J Lee Harwell (M. D. or other)

Address Poplar Bluff Mo Date signed 6/15/46

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 746-79
Date Filed 7-3-46

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 Howard E. Lodge

Licensed Embalmer No. 9386

P. O. Address.....

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.