

S. No. 2
M-2-43
5-17-39
P1 X35697

DEPARTMENT OF COMMERCE **9 1946** STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENTRAL REGISTER
FILED AUG 9 1946 STANDARD CERTIFICATE OF DEATH

State File No. **24131**

Registration District No. **170** Primary Registration District No. **5635** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Laclede**
(b) City or town **Phillipsburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **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 **entire life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Laclede**
(c) City or town **Phillipsburg**
(If outside city or town limits, write "RURAL")
(d) Street No. **no street address**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lewis Elwin Rich**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **3**
year **1946** hour **112** minute **30** P.M.
21. I hereby certify that I attended the deceased from **7-1**, 1946 to **7-3**, 1946
that I last saw him alive on **7-1**, 1946
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Margaret E. Rich**
6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **April 9 1876**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**
Due to **Hypertension**
Due to _____
Other conditions (Includes pregnancy within 3 months of death) _____
Major findings: Of operations **g.m.**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years **74** Months **2** Days **24**
If less than one day hr. _____ min. _____

9. Birthplace **Howard Co. Ind. 1**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired farmer**

11. Industry or business _____
12. Name **Joseph Rich**
13. Birthplace **Ind. 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen Henry**
15. Birthplace **Ind. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaret Rich**
(b) Address **Phillipsburg Mo.**
17. (a) **Burial** (b) Date thereof **7-7-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Baptist Cemetery Conway**
18. (a) Signature of funeral director **W.E. Helms**
(b) Address **Lebanon Mo.**
19. (a) **July 15, 1946** (b) **Ors Frankburger**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **J.W. Finckley** (M. D. or other) **M.D.**
Address **Conway** Date signed **7-5-46**

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

Received 8-5-46
Laclede County Health Unit
File No. 7-46-113
Date Filed 8-7-46

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 *Dorsey M. Howe*
Licensed Embalmer No. *4222*
P. O. Address *Lebanon, 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.