

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 29 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25909

State File No.

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 123

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: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks
(Specify whether years, months or days)

In this community All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. 668 South Odell
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Martha Davis Richart

3. (b) If veteran, name war..... 3. (c) Social Security No. None

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

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

7. Birth date of deceased September 2nd, 1871
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>74</u>	<u>10</u>	<u>7</u> hr. min.

9. Birthplace Saline county Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

12. Name Richard E. Richart

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

14. Maiden name Sarah Ann Meter

15. Birthplace Mt. Sterling Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant R. S. Richart

(b) Address 668 South Odell, Marshall, Mo.

17. (a) Burial (b) Date thereof July 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell-Renic
(b) Address Marshall, Mo.

19. (a) 7-20-46 (b) M. T. Ambush
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1946 hour 30 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to July 9, 1946
that I last saw her alive on July 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chc. Myocarditis

Due to.....
Severely

Due to.....

Duration
2 1/2

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy none

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.....
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) (e) Means of injury.....

23. Signature Robert M. Mennelly (M. D. or other)
Address Marshall Mo. Date signed 7-10-46

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

294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 7-27-48

JUL 1948

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 Joe H. Rini
Licensed Embalmer No. 1171
P. O. Address Marshall - 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.