

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40091**
Registrar's No. **79**

FILED JAN 19 1947

Registration District No. **4168** Primary Registration District No. **4168**

1. PLACE OF DEATH:

(a) County... De Kalb
 (b) City or town... Maysville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: home, 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 20 years (Specify whether years, months or days)
 In this community... 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO (b) County... De Kalb
 (c) City or town... Maysville
 (If outside city or town limits, write "RURAL")
 (d) Street No. - (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME: VIOLA ELEN RICHEY
 3. (b) If veteran, name war -
 3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 16, year 1946 hour 7 minute 15 P. M.
 21. I hereby certify that I attended the deceased from 2 Jan 1943 to Dec 16 1946 that I last saw h.c.v. alive on Dec 16 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widow
 6. (c) Age of husband or wife if alive 7 years (Day) 1875 (Year)

Immediate cause of death... Coronary Occlusion (Thrombus) Duration 4 days

8. AGE: Years 71 Months 3 Days 9 If less than one day hr. min.

Due to... coronary thrombosis
 Due to... Jan 1943
 Other conditions... (Include pregnancy within 3 months of death)
 Major findings: Of operations g4A
 Of autopsy _____

9. Birthplace... Jonia (City, town, or county) (State or foreign country)
 10. Usual occupation... house wife

11. Industry or business:
 12. Name... Ben Mooma
 13. Birthplace... Jonia (City, town, or county) (State or foreign country)
 14. Maiden name... Jennie McPherson
 15. Birthplace... Jonia (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant... Jean B. Barr
 (b) Address... Maysville MO
 17. (a) Burial (b) Date thereof 12-19-46 (Month) (Day) (Year)
 (c) Place: burial or cremation... Fairport

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? _____

18. (a) Signature of funeral director... Jean Barr
 (b) Address... Maysville MO
 19. (a) 1-3-47 (b) Archie Davidson (Registrar's signature)
 (If date received local registrar)

While at work? (Specify type of place) _____ (e) Means of injury... 2
 23. Signature... Dr. Small Taylor (M. D. or other) D.C.
 Address... Maysville, MO Date signed 12-17-46

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

MOTHER FATHER

CENTRAL HEALTH OFFICE
Cameron, Mo.

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 *John W Brown*

Licensed Embalmer No. *3933*

P. O. Address. *Mayfield*

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.