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M-5-43  
7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 25 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5842**  
Registrar's No. **14**

Registration District No. **297**

Primary Registration District No. **3057**

**1. PLACE OF DEATH:**  
(a) County Ray  
(b) City or town Richmond, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
131 South Institute St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether)  
In this community 77 Years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Ray  
(c) City or town Richmond, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 131 South Institute St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Charles Daniel Falk  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Nannie Falk 6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased November 25, 1869  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
77 2 16 hr. min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
12. Name John Falk  
13. Birthplace Germany  
14. Maiden name Wilkenhelia Beck (State or foreign country)  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Floyd Thompson

(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof 2/13/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home

(b) Address Richmond, Missouri

19. (a) Feb. 17-1947 (b) matel jackson  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month February day 11  
year 1947 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion *Duration*

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Q4A  
**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 J. W. Baber coroner 3  
(M. D. or other)

Address Richmond, MO Date signed 2-14-47

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

89

89

0

20

0

4

4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-22-47.....

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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 Louis Quast.....

Licensed Embalmer No. 47096.....

P. O. Address Richmond, 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.**