No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9756

Registration District No. 2 77 — Primary Registration District No. 5949 — Registrar's No. 78

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike
(c) City or town: New Hartford Rural
(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 .....

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0
0

3. (a) PRINT FULL NAME: Inez Claudine Richards
3. (b) If veteran, name war: X
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) ~~Single~~, ~~widowed~~, married, divorced: /
6. (b) Name of husband or wife: Thomas R. Richards
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Aug (Month) 20 (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
43	6	12	..... hr. ..... min.

9. Birthplace: Nebo (City, town, or county) Ill (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: /
MOTHER FATHER
12. Name: Frank Spurger
13. Birthplace: — (City, town, or county) Ill (State or foreign country)
14. Maiden name: Dont Know
15. Birthplace: Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. J. R. Richards
(b) Address: New Hartford Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Hannibal Mo
18. (a) Signature of funeral director: Grace Banfihead
(b) Address: Bowling Green Mo
19. (a) 3-11-48 (Date received local registrar) J. Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1948 hour ..... minute ..... 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: neck broken in automobile collision — Duration

Due to .....

Due to .....

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

Major findings: Of operations .....

Of autopsy .....

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: March 8 1948 82
(c) Where did injury occur? Highway (City or town) Pike (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 61 (Specify type of place)
While at work? ..... (e) Means of injury: neck broke
23. Signature: S. A. Goodin (M.D. or other) Coroner
Address: Louisiana Mo Date signed 3-9-48

Filed Mar 8 Sat.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 3:41:524
MAR 22 1948
Date Filed

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 Harold C. Kirke Registered Apprentice No. 4 working under my personal supervision.

Signed Grace M. Dankhead

Licensed Embalmer No. 2264

P. O. Address Bowling Green Ky

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.