

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20109

Registration District No. 180

Primary Registration District No. 3041

State File No. _____

Registrar's No. 325

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Samaritan 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61
(c) City or town Bevier Missouri 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. --- (If rural, give location)
(e) Citizen of foreign country? --- (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26
year 1948 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from 11-23-47
4-26 to 4-26 1948
that I last saw him alive on 4-26
and that death occurred on the date and hour stated above. 1948

Immediate cause of death Myocardial Infarction
Coronary Artery Disease
Duration 11-25-47

Due to Cardiac Decomposition
myocardial infarction
Due to Valvular Heart Disease
Other conditions pericarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy gnd
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 4-26-48
(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 W. E. McInnis, M.D. (M.D. or other)
Address 11-14-47 Date signed _____

3. (a) PRINT FULL NAME

John M. Richards

3. (b) If veteran, name war 1st
3. (c) Social Security No. ---

4. Sex Male 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 December 4 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 22
If less than one day hr. _____ min. 0

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name David J. Richards

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

14. Maiden name Phoebe Morgan

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. McInnis, M.D.

(b) Address Callao Missouri

17. (a) Burial (b) Date thereof 4-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Oakwood Cem.

18. (a) Signature of funeral director W. E. McInnis

(b) Address Bevier Missouri

19. (a) 6/14/48 (b) W. E. McInnis
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-48-1083

Date Filed JUN 22 1948

JUL 3 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 E. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, 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.