DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20346

Primary Registration District No. 5935

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia Rural R. 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 32nd and Ingram
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia Rural R. # 2
(If outside city or town limits, write "RURAL")

(d) Street No. 32nd and Ingram
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME SARAH JOSEPHINE RICHWINE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. B. Richwine

6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased August (Month) 12, (Day) 1891 (Year)

8. AGE: Years 76 Months 9 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Foster
13. Birthplace Benton County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Tucker
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant W. B. Richwine
(b) Address R. R. # 2 Sedalia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Geo Dillard
(b) Address Sedalia

19. (a) 6/8/48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1948 hour 11:15 minute P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as coroner 6-5, 1948 to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary occlusion	
Due to coronary Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Dr. K. L. Holden (~~M. D.~~ or other) 20

Address 315 Ely Bldg Sedalia Mo Date signed 6-7-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-17-48

APR 26 1951

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 Frank S. Coffman Jr., Registered Apprentice No. 16 working under my personal supervision.

Signed Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.