

Registration District No. 1980

Primary Registration District No. 4194

3810

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Albany  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community lifetime years, months or days

3: (a) PRINT FULL NAME Rena May Richards

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife William D. Richards

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Nov. 4 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68	11	1	hr. min.
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9. Birthplace Gentry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

MOTHER FATHER

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

12. Name Robert Spainhower 9

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

14. Maiden name Sarah Dills 9

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

16. (a) Informant Mrs. Fred Bell

(b) Address Albany Mo.

17. (a) Burial (b) Date thereof Oct 8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Alfred B. Borch

(b) Address Albany Mo.

19. October 22-48 (Date received local registrar) (b) Alfred N. Webster (Registrar's signature) 102

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Albany  
(If outside city or town limits, write "RURAL") 1

(d) Street No. \_\_\_\_\_ (If rural, give location) 5

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5  
year 1948 hour 10 minute 45 P.A.M.

21. I hereby certify that I attended the deceased from Sept 2, 1948 to 10-5, 1948  
that I last saw him alive on 10-5, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis of Abdominal aorta

Due to Myocarditis

Duration 4 days  
10 yrs.

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

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

Major findings: 935

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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Frank H. Rose (M. D. or other) M.D.

Address Albany, Mo. Date signed 10-6-48

DISTRICT 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.....me.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clifford Brasher  
Licensed Embalmer No. 3329

P. O. Address Albany, 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.