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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35508

State File No. _____

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Andran
(b) City or town Merx
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andran Hospital
(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) 1 day

3. (a) PRINT FULL NAME Mihicest Vera Richard
3. (b) If veteran, name war OWA
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 Thomas Richard
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased JUNE 11 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 9
If less than one day _____ hr. _____ /min.

9. Birthplace GRAND RAPID Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____
12. Name BROOKS MADISON I
13. Birthplace Michigan
(City, town, or county) (State or foreign country)
14. Maiden name HELEN SERRAFOV
15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Mc Cluse
(b) Address Selma Alabama

17. (a) Burial (b) Date thereof Nov 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director Th. D. Hales
(b) Address Vandalia Missouri

19. (a) 11/22/48 (b) B. Penehe Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andran
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. Brown Nursing Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 20th
year 1948 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 11/19/48, 19____, to 11/20/48, 19____;
that I last saw her alive on 11/19/48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
Myocarditis
Due to arteriosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations: _____
Of autopsy: _____

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. Frank Kelley (M. D. or other) M. D.
Address Mexico, Mo. Date signed 11/22/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 11-48-2023

Date Filed NOV 29 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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.