

1933 OCT 25

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32816

Do not use this space.

1. PLACE OF DEATH

(a) County Monticau Registration District No. 571
(b) Township Walker Primary Registration District No. 5769
(c) City..... (d) Street No..... Registered No. 52
(e) Length of residence in city or town where death occurred..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mary Edna Richel 240 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eduard Richel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo

FATHER 13. NAME Ferrel Sartain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo

MOTHER 15. MAIDEN NAME Helena Eckert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo

17. INFORMANT (ADDRESS) Eduard Richel
Centerton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 712 1/2 Birch Mo DATE 9/16 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William & Fred Meyer
California Mo

20. FILED 9-15-38 H.R. Popejoy
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-1938

22. I HEREBY CERTIFY, That I attended deceased from never to final, 19...
I last saw h. her alive on her, 19... Death is said to have occurred on the date stated above, at... m.
The principal cause of death and related causes of importance were as follows:

Supposed to be chronic heart trouble

Date of onset

Other contributory causes of importance: None

Name of operation no Date of...
What test confirmed diagnosis? new Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury...
Nature of injury...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify...
(Signed) H.R. Popejoy Coroner H.M. D.
California Mo (Address) 504

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.