

No. 2
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FILED JUL 1 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22579

Registration District No. 779

Primary Registration District No. 6024A

Registrar's No. 30

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Burk Richard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race White

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

6. (b) Name of husband or wife Ella Cunningham

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan 4 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1941 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from June 30, 1941, to July 1, 1941;
that I last saw him alive on July 1, 1941;
and that death occurred on the date and hour stated above.

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

65	5	27	hr. _____ min.
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Immediate cause of death Cerebral Apoplexy

Due to Arterio sclerosis

Due to _____

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

9. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business builder

MOTHER FATHER

12. Name Joseph Richard

13. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Cunningham

15. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ella S. Richard

(b) Address Hesloge, Mo.

17. (a) burial (b) Date thereof July 31 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill

18. (a) Signature of funeral director E. G. Boyer

(b) Address Hesloge, Mo.

19. (a) 7-2-41 (b) W. P. Duckworth
(Date received local registrar) (Registrar's signature)

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?
700 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature W. P. Duckworth (M. D. or other) MD
Address Hesloge, Mo. Date signed 7.2.41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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..... *C. Z. Boyer*.....

Licensed Embalmer No..... *1671*.....

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, fact should be so stated above.