

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

3497
Do not use this space.

FILED FEB 16 1940

1. PLACE OF DEATH

(a) County Way Registration District No. 744
 (b) Township Richmond Primary Registration District No. 3035 Registered No. 262
 (c) City Richmond Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 220 Julia Hughes 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 6A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. A. Hughes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1856
 7. AGE YEARS 83 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hans Kuper
 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) Richmond Mo.
 13. NAME Josephette Harper
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 15. MAIDEN NAME Maury Harper Maury
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) Joseph S. Hughes Richmond Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE Jan 5, 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. B. Brothers Richmond Mo.
 20. FILED Jan 31, 1940 Malady Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1940 to Jan 6, 1940
 I last saw him alive on Jan 5, 1940 Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia
Cardiovascular Disease
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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) D. E. G. Penave M. D.
 (Address) Richmond, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

I X 16605

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/15/40

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.....

J. B. Brothers
.....
working under my personal supervision.

Registered Apprentice No. *2001*

Brothers Funeral Home

Signed.....
J. B. Brothers

Licensed Embalmer No. *2001*

P. O. Address.....
Richmond 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, above space should be left blank.