

REC'D MAR 15 1938

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

6211
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township _____ Primary Registration District No. 3007 Registered No. 38
(c) City Poplar Bluff (d) Street No. Poplar Bluff Hospital 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Cora Richardson 263
(a) Residence, No. 1523 N. Grand St., Poplar Bluff (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED —HUSBAND-OF— (OR) WIFE OF Ernest Richardson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 9 16

OCCUPATION

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. Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Poplar Bluff
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Wm. Pierce 0
14. BIRTHPLACE (CITY OR TOWN) Ironton 0
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Reagon
16. BIRTHPLACE (CITY OR TOWN) Iron County
(STATE OR COUNTRY) Missouri

17. INFORMANT Ernest Richardson
(ADDRESS) 1523 N. Grand, Poplar Bluff18. BURIAL, CREMATION OR REMOVAL:
PLACE Woodlawn Cem. DATE Feb. 11, 193819. FUNERAL DIRECTOR Greer Funeral Service
(ADDRESS) Poplar Bluff, Mo.20. FILED 7-11-38 W. H. Utzinger
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-2-1938 to 2-8-1938
I last saw him alive on Feb. 8, 1938. Death is said to have occurred on the date stated above, at 6:10 P.m.
The principal cause of death and related causes of importance were as follows:

Sp. Pneumonia
Date of onset 2-1-38

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Wm. H. Utzinger, M. D.
(Address) Poplar Bluff, Mo.

STATEMENT BY LICENSED EMBALMER

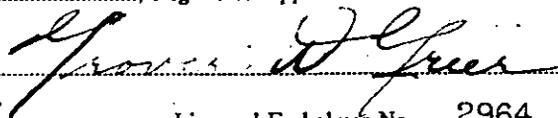
I, Grover W. Greer, Licensed Embalmer No. 2964

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 2964

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.)