

FILED MAY 17 1940
Registration District No. 290

Primary Registration District No. 5408 4184 Registrar's No. _____

1. PLACE OF DEATH

(a) County Dunklin
(b) City or town Senath
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 263

8. (a) PRINT FULL NAME MARGRET FRANCIS RICHARDS

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 14 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Murphysboro Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Richard
13. Birthplace Murphysboro Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Esther Mooney
15. Birthplace Murphysboro Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Galley Lee Galley
(b) Address Senath mo

17. (a) (b) Date thereof April 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Senath

18. (a) Signature of funeral director A. J. Emerson
(b) Address Waverly DR

19. (a) May 3-40 (b) A. D. McDaniel
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Senath
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1940 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 27 1940, to April 13 1940; that I last saw her alive on March 27 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration about 1 mo.

Due to arterio sclerosis

Due to chronic nephritis

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? _____

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

23. Signature Boyd Beards (M. D. or other) MD
Address Senath mo Date signed 4-13-40

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. 2

District File Number: 540-1049

Date Filed: 5/15/40

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 _____, 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.