

NOV 20 1940

State File No. \_\_\_\_\_

Registration District No. 067

Primary Registration District No. 4834 5763

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town St James  
(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 18 mo  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County Obion

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

(d) Street No. 6 miles from Liberty  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME OPAL WOODS RICHARDSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Ardell Richardson

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Oct 11, 1921  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>0</u>	<u>1</u>	min.

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

10. Usual occupation Keeping house

11. Industry or business \_\_\_\_\_

12. Name W M Woods

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

14. Maiden name Annie Carter

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

16. (a) Informant W M Woods

(b) Address East Prairie Mo

17. (a) Burial (b) Date thereof Oct 16 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director James Shelly

(b) Address East Prairie Mo

19. (a) 11-4-40 (b) Mrs D M Dodge  
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15<sup>th</sup> 1940  
year \_\_\_\_\_ hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental death caused by being hit with automobile while on street way near East Prairie Mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence Oct 15<sup>th</sup> 1940

(c) Where did injury occur State High way  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

897 New East Prairie Mo  
While at work? no (Specify type of place) (g) Means of Injury \_\_\_\_\_

23. Signature Frank A. Brown (M. D. or other) \_\_\_\_\_  
Address Charleston Mo Date signed \_\_\_\_\_

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

MOTHER FATHER

210m  
95.

RECEIVED

District Health Officer No. 2,

District File Number 1140-172

Date Filed 4/15/40

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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed

*Travis Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35848

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 367

Primary Registration District No. 4334

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town James, 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 \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME

Opal Woods Richardson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

7. Birth date of deceased \_\_\_\_\_

(Month)

(Day)

(Year)

8. AGE:

Years 19

Months 0

Days 1

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_

(City, town, or county)

(State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_

(City, town, or county)

(State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_

(City, town, or county)

(State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_

(b) Date thereof \_\_\_\_\_

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_

(Date received local registrar)

(b) \_\_\_\_\_

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 15 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death accidental death caused by being hit by automobile while walking on highway near East Prairie  
Due to She was on highway walking and was run over by an automobile  
Other conditions and killed  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc  
(b) Date of occurrence Oct 15- 1940  
(c) Where did injury occur? State Hwy (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? near East Prairie  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury while walking on highway  
23. Signature Frank Hanson (M. D. or other) \_\_\_\_\_  
Address Charleston Mo \_\_\_\_\_ Date signed 9-24-41

SUPPLEMENTARY

