

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Richmond Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Five Weeks  
(Specify whether years, months or days)  
In this community all life

3. (a) PRINT FULL NAME Belle Pickering

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife William Pickering 6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased Aug. 1857  
(Month) (Day) (Year)

8. AGE: 83 Years 2 Months 16 Days 16 If less than one day hr. min.

9. Birthplace Ray County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Duties

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

12. Name Jesse M. Webb

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

14. Maiden name Susan Owen

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

16. (a) Informant Thomas M. Mc Cluskey

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Oct. 22, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director E. Thurman

(b) Address Richmond Mo.

19. (a) Oct 22 - 40 (b) Malcol Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20  
year 1940 hour 8. A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from August 26, 1940 to October 20, 1940  
that I last saw her alive on October 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart syn.  
Duration \_\_\_\_\_

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

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

Other condition Post Operative fracture Neck  
(Include pregnancy within 3 months of death) Femur

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) \_\_\_\_\_

(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? \_\_\_\_\_

9/15 (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature G.W. Games (M. D. or other) M.D.

Address Richmond Mo. Date signed 10-21-40

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

MOTHER FATHER

1942  
99

RECEIVED  
District Health Officer, No. 8,  
District File Number  
11-13-40  
Date Filed

**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, ~~as by~~.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....  
*E. Thurman*

Licensed Embalmer No. *9073*

P. O. Address *Richmond*

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. 36182

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 744

Primary Registration District No. 3038

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond  
(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 \_\_\_\_\_ years, months or days)

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.

3. (a) PRINT FULL NAME Belle Pickering

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 16 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

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

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

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 \_\_\_\_\_ (Month) (Day) (Year)

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

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

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

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 11 year 1940 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 arteriosclerotic heart

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

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

Other conditions post operative fracture of neck of femur  
(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) accident

(b) Date of occurrence Aug 26 - 40

(c) Where did injury occur? Richmond Ray Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home  
(Specify type of place)  
While at work? No (e) Means of injury Fall

23. Signature Geo Gainer (M. D. or other) M.D.

Address Richmond Mo Date signed 12-18-40

SUPPLEMENTAL

