

FILED JUN 7 1944

Registration District No. 273

Primary Registration District No. 5919

Registrar's No. 47

19  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Brewer  
(c) Name of hospital or institution: Sevier Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry  
(c) City or town Brewer  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No.  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Norbert John Richardet

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 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 May 21, 1944  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 2 hr. min.

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

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

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

MOTHER FATHER

12. Name Elbert Richardet  
13. Birthplace Perry County Mo.  
14. Maiden name Odeal Miederhoff  
15. Birthplace Perry County Mo.

16. (a) Informant Elbert Richardet  
(b) Address Brewer, Mo.

17. (a) Burial (b) Date thereof May 21, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Mt. Hope Cemetery

18. (a) Signature of funeral director Ray Funeral Home  
(b) Address Perryville Mo.

19. (a) May 23-44 (b) Thos J. Elden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 21, 1944, to May 21, 1944,  
that I last saw him alive on May 21, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Birth Pneumonia  
7 months - lasted 2 hours

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

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Ed Carron (M. D. or other) \_\_\_\_\_  
Address Perryville Mo Date signed 5-27-44

Duration  
Physician  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 644-3895  
Date Filed 6-6-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Albert B. Bey  
Licensed Embalmer No. 3866  
P. O. Address Perryville, 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.