

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11868

**FILED** 1944 12 1948  
Registration District No. 2072

Primary Registration District No. 3072

Registrar's No. 54

1. PLACE OF DEATH:

(a) County SALINE  
(b) City or town MARSHALL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 680 N. LAYFATTE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 WEEK. (Specify whether  
in this community years, months or days)

3. (a) PRINT FULL NAME EMMA E. RICHARDS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WID.  
6. (b) Name of husband or wife LEWIS E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 12-8-1888 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 3 10 hr. min.

9. Birthplace COOPER CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name LEWIS J. SOWERS  
13. Birthplace KY (City, town, or county) (State or foreign country)  
14. Maiden name JANE ELLIS  
15. Birthplace COOPER CO. MO. (City, town, or county) (State or foreign country)

16. (a) Informant MRS. E. C. McLAUCHLIN  
(b) Address MARSHALL, MO.

17. (a) BURIAL (b) Date thereof 3-20-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION CEM.

18. (a) Signature of funeral director Geo. Williams

(b) Address Sedalia, Mo.

19. (a) 3-18-46 (b) Mrs. T. O. Westmark (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS  
(c) City or town SEDALIA (If outside city or town limits, write "RURAL")  
(d) Street No. 317 E 7TH ST. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 46 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10 to 46 March 18 1946  
that I last saw him or her alive on March 17 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma  
Left Breast  
Due to \_\_\_\_\_  
Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Operated for  
Of operations breast tumor 1940  
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? \_\_\_\_\_

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

23. Signature W. H. Hume (M. D. or other)  
Address \_\_\_\_\_ Date signed 3/18/46

RECEIVED

District Health Officer No. 8,

District File Number.....

Filed 4-11-46

NOV 17 1946

APR 18 1946

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.....

L. F. Parker  
Licensed Embalmer No. 3840

P. O. Address. Ottumwa, 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.