S. No. 2
M—9-4-41
v. 5-17-39
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29939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 105 Primary Registration District No. 477 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Clarkton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Clarkton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Mo 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Lucy Anderson Richards
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex female /
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 24 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	7	12	hr. min.

9. Birthplace — (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation Housework
11. Industry or business —
FATHER
12. Name Andrew Anderson
13. Birthplace (City, town, or county) Illinois / (State or foreign country)
MOTHER
14. Maiden name Mary Goder
15. Birthplace (City, town, or county) Illinois / (State or foreign country)
16. (a) Informant Mrs. T. D. Dunscomb
(b) Address Clarkton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept - 8 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope, Illinois
18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell, Missouri
19. (a) 9-7-46 (Date received local registrar) (b) Freeda Key (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1946 hour 1 minute 2:50 P. M.
21. I hereby certify that I attended the deceased from April 1, 1946, 19..., to Sept 5, 1946
that I last saw her alive on Sept. 5 1946 19...
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	3 days.
Due to Carcinoma of Cervix	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 48P	
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address Bideon, Mo Date signed 9-9-46

88 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 946-1138
Date Filed 9-18-46

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.