No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41466

Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 22

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Morehouse
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Morehouse
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daisy Lorene Richardson
3. (b) If veteran, name war ✓
3. (c) Social Security No. 495-20-8176
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Henry M. Richardson
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased August (Month) 8 (Day) 1908 (Year)

8. AGE:

Years	Months	Days	If less than one day
38	3	26	hr. min.

9. Birthplace Grays Ridge (City, town, or county) Mo (State or foreign country)
10. Usual occupation Domestic
11. Industry or business ✓
FATHER
12. Name William M. Patton
13. Birthplace Unknown (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Edith Richardson
(b) Address Morehouse Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.
18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.
19. (a) 1-8-47 (Date received local registrar) (b) Thomas M. Sheeter Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1946 hour 1 minute 5 P. M.
I hereby certify that I attended the deceased from 11-25 [redacted], 1946, to Dec-3-, 1946
that I last saw her alive on Dec-3-, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Child Birth	
Due to Influenza	
Due to	
Other conditions Miscarriage at 7 months (Include pregnancy within 3 months of death) and pneumonia	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

141D

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? C. H. Pease (Specify type of place) Means of injury
23. Signature C. H. Pease (M. D. or other) MD
Address Morehouse Missouri Date signed 12-6-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 147-49
Date Filed 1-10-47

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 John [illegible]

Licensed Embalmer No. 9921

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.