

FILED FEB 18 1947

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Canton Canton  
(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 years, months or days)

In this community 2 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town Canton  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Matilda Jane Richey

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30  
year 1947 hour 3 minute 15 P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John Richey

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

7. Birth date of deceased April 11 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 21 1947 to Jan 30 1947  
that I last saw her alive on Jan 30 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

89 9 19 hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Liver

Duration \_\_\_\_\_

9. Birthplace Paducah Kentucky  
(City, town, or county) (State or foreign country)

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

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

10. Usual occupation None

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: H6

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

12. Name Joshua Dean

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

14. Maiden name Mary Dabbs

15. Birthplace Jersey Co. Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Roberts

(b) Address Canton, Mo.

17. (a) Removal (b) Date thereof 2/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pearl, Illinois

18. (a) Signature of funeral director [Signature]

(b) Address Canton, Mo.

19. (a) 2/3/47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury 2

23. Signature [Signature] (M. D. or other) Do.

Address Canton, Mo. Date signed 2-3-47

RECEIVED  
District Health Officer No. 10  
District File Number 47-382  
FEB 17 1947

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 *E. H. Buckley*  
Licensed Embalmer No. *2615*  
P. O. Address *Canton, 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.