

No. 2  
1/47  
17-39

FILED JUL 8 1947

Registration District No. 8 Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution White Convalescent Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Months  
(Specify whether years, months or days)

In this community 73 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 814 Fay St. 4  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME ETTIE RICHARDSON

3. (b) If veteran name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert Lee Richardson

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased 12 - 29 - 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>24</u>	..... hr. .... min.

9. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name John W. Brown

13. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Rule

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Richardson

(b) Address Englewood, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 6-24-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Johnson Cemetery

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Columbia, Mo.

19. (a) June 26, 1947 (Date received local registrar)

(b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1947 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from 6-23-1947 to 6-23-1947  
that I last saw her alive on 6-23-1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma

Due to Primary Carcinoma of body of uterus

Due to.....

Other conditions 48 B  
(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?..... (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.....

23. Signature J. C. Suggitt (M. D. or other) M.D.  
Address Columbia, Mo. Date signed 6-29-47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUL 7 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 Thomas L. Barring  
Licensed Embalmer No. 4132  
P. O. Address Columbia, S.C.

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.