

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED OCT 25 1947

Registration District No. 27

Primary Registration District No. 3052

Registrar's No. 334

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1312 So Kentucky /
(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 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1312 So. Kentucky 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME LAURA MAUDE TODD RICHARDSON

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 do not know

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive do not know years

7. Birth date of deceased March 31 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>3</u> hr. min.

9. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John T. Todd

13. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Melanda Jane Durward

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

16. (a) Informant Leo T. Wendleton

(b) Address Shawnee Kansas

17. (a) Burial (b) Date thereof 10-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom cemetery

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 10-6-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1947 hour 2:30 minute a M.

21. I hereby certify that I attended the deceased from
Sept 27, 1947 to Oct 4 1947
that I last saw her alive on Oct 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Dermatitis

Due to Urticaria, deficiency and inadequate diet

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 71

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 A. L. Walter (M. D. MD)
Address Sedalia Mo Date signed 10-4-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-24-47

rec'd 2:30 - AM -

10/4/47

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 KPM Cray

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.