

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42617**
Registrar's No. **76**

Registration District No. **276**

Primary Registration District No. **5947**

1. PLACE OF DEATH
(a) County **Phelps CO**
(b) City or town **Revue St James Township**
(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 **1 year**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Phelps 81**
(c) City or town **Revue St James Township**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **N** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Lizzie Richeson**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **27**
year **1947** hour minute M.
21. I hereby certify that I attended the deceased from
19... to 19...
that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **James Richeson**
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased **Feb - 11 - 1897**
(Month) (Day) (Year)

Immediate cause of death **Cardiac Failure**
Duration

8. AGE: Years Months Days If less than one day
80 10 16 hr. min.

Due to **Old age**
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Jefferson CO MO**
(City, town, or county) (State or foreign country)
10. Usual occupation **House wife**

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business
12. Name **John W yatt**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Elozye Perry**
15. Birthplace **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Luzabelle Humphrey**
(b) Address **St James MO**
17. (a) **Revue** (b) Date thereof **12-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Potosi MO**

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?

18. (a) Signature of funeral director **Grace Licklider**
(b) Address **St James MO**
19. (a) **Dec - 29 47** (b) **Lara O. Birmingham**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature **H.A. Dawson** (M.D. or other)
Address **Rolla MO** Date signed **12/28/47**

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

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.....

Carl J. Glenn....., Registered Apprentice No. *57*
working under my personal supervision.

Signed *Orce E. Lickliter*.....

Licensed Embalmer No. *35446*.....

P. O. Address *St James 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.