

S. No. 300
M-10-47
v. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 104

FILED DEC 28 1948
Registration District No. 27

Primary Registration District No. 6022

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
R.F.D.#, Richmond, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)
In this community 78 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. R.F.D.# 5, Richmond, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mackie Elizabeth Pickering

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 Widowed

6. (b) Name of husband or wife Harvey Pickering

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

7. Birth date of deceased February 2, 1870
(Month) (Day) (Year)

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

78	10	2	hr. min.
----	----	---	----------

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name John C. Warnstaff

13. Birthplace Unknown, Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Louise Akers

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

16. (a) Informant Mrs. Stella Wilson

(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/48
(Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home

(b) Address Richmond, Mo.

19. (a) Dec 11-1948 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 4th
year 1948 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12-4-48, 19____, to 12-4-48, 19____;
that I last saw her alive on 12-4-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 hour

Due to _____

Due to _____

Other conditions Arterio-sclerosis (Include pregnancy within 3 months of death) ?

Major findings: g36

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Yes (Specify type of place) (c) Means of injury

23. Signature Stella Wilson (M. D. or M.P.C.) -48
Address Richmond, Mo. Date signed 12-11

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-17-48

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.