

FILED AUG 16 1940  
Registration District No. 5379

Primary Registration District No. 3079

214

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Levering  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1309 Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1940 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to July 23, 1940;  
that I last saw her alive on \_\_\_\_\_, 1940,  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death  
Cardiac & Respiratory failure  
Presence of Phenol  
she had drunk

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy no

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) suicide  
(b) Date of occurrence July 23-1940  
(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?  
Yes her home  
(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature F. C. Hopkins Sr. (Name or other)  
Address 202 N. 4th St Date signed 7/24/40

3. (a) PRINT FULL NAME Maud Phillips Rickard 263

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 Divorcee

6. (b) Name of husband or wife Harvey Rickard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 1, 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 5 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Jacob Phillips

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

14. Maiden name Elizabeth McGill

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

16. (a) Informant Orville Phillips

(b) Address 1309 Broadway

17. (a) Burial (b) Date thereof 7/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wolf Cemetery, Perry

18. (a) Signature of funeral director W. C. Fisher

(b) Address 902 Broadway

19. (a) 7-25-40 (b) H. C. Fisher  
(Date received local registrar) (Registrar's signature)

Hannibal Mo

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

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**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.....

*Joseph J. March*

Licensed Embalmer No..... 3932.....

P. O. Address Hannibal Missouri

**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, above space should be left blank.**