

FILED NOV 11 1941

Registration District No. 470

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5633

State File No. 35372

Registrar's No. 1412

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 245 days
(Specify whether years, months or days) 245 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Lottie Oma Pickerson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lewis Richerson 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased July 31 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Wesley Johnson

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

14. Maiden name Mary Eliza Kersey

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

16. (a) Informant Mr. Mutual Pickers

(b) Address Missouri State San

17. (a) Removal (b) Date thereof Oct 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland mo

18. (a) Signature of funeral director Geo P Orr

(b) Address Mt Vernon mo

19. (a) 10-10-1941 (b) PA Holmes, M.D.
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Oct day 6th
year 1941 hour 4:45 minute 2 A.M.

21. I hereby certify that I attended the deceased from Feb 2 1941 to Oct 6 1941
that I last saw her alive on Oct 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration 3 1/2 yrs

Due to _____
Due to _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th
year 1941 hour 4:45 minute 2 A.M.

21. I hereby certify that I attended the deceased from Feb 2 1941 to Oct 6 1941
that I last saw her alive on Oct 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Pulmonary tuberculosis 3 1/2 yrs

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 136
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? _____ (Specify type of place) _____
(e) Means of injury 1

23. Signature James C. Brock (M.D. or other) M.D.
Address Mt Vernon Mo Date signed 10/6/41

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

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RECEIVED

District Health Officer No. 6;

District File Number 1141-1667

Date Filed NOV 7 1944

MAY 26 1944

MAY 24 1944

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 Geo. B Orr
Licensed Embalmer No. 946
P. O. Address 7th Remon

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.