

S. No. 2  
 M-5-43  
 v. 5-17-39  
 X36671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED OCT 8 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **31258**  
 Registrar's No. **306**

Registration District No. **316** Primary Registration District No. **6075**

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

**1. PLACE OF DEATH:**  
 (a) County St. Francois  
 (b) City or town Farmington RURAL St. Francois  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri State Hospital No. 4 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 yrs. 6 mos. 26  
 (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** ROBERT ARTHUR READY  
**3. (b) If veteran,** name war None **3. (c) Social Security No.** Unknown

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widowed  
**6. (b) Name of husband or wife.** Belle Lillian Forbes **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased.** August 31 1891  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>0</u>	<u>10</u>	_____ hr. _____ min.

**9. Birthplace.** Ray County, Missouri  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation.** Farming

**11. Industry or business.**  
**12. Name.** Arthur Ready  
**13. Birthplace.** Fort Leavenworth Kansas  
 (City, town, or county) (State or foreign country)  
**14. Maiden name.** Sarah Elizabeth McDaniels  
**15. Birthplace.** Ray County, Missouri  
 (City, town, or county) (State or foreign country)

**16. (a) Informant.** Records State Hospital No. 4  
**(b) Address.** Farmington, Missouri

**17. (a) Burial** (burial, cremation, or removal) **(b) Date thereof.** 9-13-1946  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation.** Memorial Park Cem., Sikeston, Mo.

**18. (a) Signature of funeral director.** Walter Funeral Home  
**(b) Address.** Sikeston, Mo.  
**19. (a) 10-4-46** (Date received local registrar) **(b) Esther Rudloff** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County New Madrid  
 (c) City or town Sikeston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Unknown  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month September day 11  
 year 1946 hour 9 minute 10 A. M.

**21. I hereby certify that I attended the deceased from** July 12, 1946, 19\_\_\_\_, to Sept. 11, 1946, 19\_\_\_\_;  
 that I last saw him alive on Sept. 11, 1946, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death. Acute myocarditis Durations \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions. Psychosis with chronic pulmonary tuberculosis  
 (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 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) \_\_\_\_\_ Means of injury \_\_\_\_\_  
**23. Signature** Michael A. Conant, M.D. (M. D. or other) \_\_\_\_\_  
 Address State Hwy. #4 Farmington, Mo. Date signed Sept 12 '46

RECEIVED

District Health Officer No. 4  
District File Number 1046-2704  
Date Filed 10-7-46

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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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.**

