

FILED JUN 2, 1947

Registration District No. **297**

Primary Registration District No. **3057**

Registrar's No. **49**

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

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Richmond, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Northeast City Limits
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether years, months or days)
In this community **70 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ray**
(c) City or town **Richmond, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Northeast City Limits**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Addie Searcy**

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**

6. (b) Name of husband or wife **George Searcy** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 4, 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 1 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **David McQuerrey**

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

14. Maiden name **Betty Thompson**

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

16. (a) Informant **George Searcy**

(b) Address **Richmond, Missouri**

17. (a) **Burial** (b) Date thereof **5/8/47**
(Burial, cremation, or removal) (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) **May 2-47** (b) **Mabel Jachava**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5th**
year **1947** hour **10** minute **30** P.M.

21. I hereby certify that I attended the deceased from **4/20** to **4/27** 19**47**
that I last saw her alive on **7 days** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to **Cerebral Thrombosis**

Due to **arterio Sclerosis**

Other conditions (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) (e) Means of injury _____
23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **Richmond** Date signed **5/2/47**

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 5-29-47

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 Quent*.....

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.