

FILED JUL 2, 1947

Primary Registration District No. 4280

Registrar's No. 23

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005  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Laura

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

(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laura

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lizzie Bell Rickard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife R. J. Rickard 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Dec. 9 1869  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7<sup>th</sup> year 1947 hour 1:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 9:15 AM 7 1947, to May 7 1947 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration one hr

8. AGE: Years 78 Months 4 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mercer Co Mo. D  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

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

Other conditions none  
(Include pregnancy within 3 months of death)

MOTHER FATHER

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

12. Name Conrad Martin Williams

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

14. Maiden name Ellen Pierce

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

16. (a) Informant R. J. Rickard

(b) Address State City, Mo.

17. (a) Renewal (b) Date thereof May 8 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bedford Iowa

18. (a) Signature of funeral director H. D. Street

(b) Address Moberly Mo.

19. (a) 6-10-47 (b) W. S. Berkeley  
(Date received local registrar) (Registrar's signature) 1947

Major findings: Of operations PA Holmes

Of autopsy 80%

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 0

23. Signature PA Holmes (M. D. or other) \_\_\_\_\_  
Address Int. Moberly Mo. Date signed 5-8-47

RECEIVED

District Health Officer No. 51

District File Number 647-674

Date Filed JUN 30 1947

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.....

By *me*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Max L. Torrett*.....

Licensed Embalmer No. *4252*.....

P. O. Address: *W. W. Edwards, 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.