

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 96

FILED OCT 8 1947

Registration District No. 297

Primary Registration District No. 3057

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:
South Thornton St.
(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 35 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. West Lexington St.
--(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Madline Carey
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September Day 15th
 year 1947 hour 10 minute 10 P.M.
 21. I hereby certify that I attended the deceased from Sept. 7,
1947 to _____, 19____;

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Joe Carey
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased June 9, 1892
(Month) (Day) (Year)

that I last saw her alive on Sept. 7, 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Acute dilatation of heart
 Duration _____

8. AGE: Years Months Days If less than one day
55 3 6 hr. _____ min.

Due to myocarditis
 Due to _____

9. Birthplace Lexington, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

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

11. Industry or business _____
 12. Name Alfred Douglas
 13. Birthplace Lexington, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Julia Adams
 15. Birthplace Lexington, Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Joe Carey
 (b) Address Richmond, Missouri
 17. (a) Burial (b) Date thereof 9/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunnyslope Cemetery

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? _____

18. (a) Signature of funeral director Quest-Jile F. Home
 (b) Address Richmond, Missouri
 19. (a) Sept 20-1947 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

23. Signature E. S. Ray (M. D. or other) M. D.
 Address Gay Bldg., Richmond, Mo. Date signed 9/17/47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-7-47

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 Sweet

Licensed Embalmer No. 4096

P. O. Address Richmond, Va.

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.