No. 2
1-13-40
1-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1948

Registration District No. 833

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18397

Primary Registration District No. 3074

Registrar's No. 54

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 122 Trotter St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Scott 100 5
(c) City or town: Sikeston 2
(If outside city or town limits, write "RURAL") 0
(d) Street No.: 122 Trotter St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME: ANNA BELLE QUIREY

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Aug 31, 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	8	24	____ hr. ____ min.

9. Birthplace: Marion (City, town, or county) Ky (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

FATHER
12. Name: G. B. Ritch
13. Birthplace: Marion (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Vaughn
15. Birthplace: Ky (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. W. R. Heath
(b) Address: Sikeston Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Blackford, Ky

18. (a) Signature of funeral director: Welch Funeral Home
(b) Address: Sikeston Mo

19. (a) 5-25-48 (Date received local registrar) (b) Mrs. T. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1948 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from May 10-48 May 25, 1948, 19__; that I last saw her alive on May 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Cardiac Valvular Disease	5 yr
Due to	
Due to	
Other conditions: Debility (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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: T. C. McClure (M. D. or other)
Address: Sikeston, Mo Date signed 5/25/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 548-202
Date Filed 5-27-48

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.