S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 30 1947

Registration District No. 3176

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14763

Primary Registration District No. 3061

Registrar's No. 132

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No. 20
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia Mary Rickard
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex f
5. Color or race W
6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Jasper B. Rickard
6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased May 20 1885 (Month) (Day) (Year)

8. AGE: Years 71 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Bloomsdale (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Adolph Carron
13. Birthplace Ste Genevieve Cty, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Lawrence
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Harold Rickard
(b) Address Farmington, Missouri
17. (a) b (Burial, cremation, or removal) (b) Date thereof 4-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Calvary
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Missouri
19. (a) 4-21-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1947 hour 4 minute 30 M.
21. I hereby certify that I attended the deceased from April 1, 1947, to April 19, 1947, that I last saw her alive on April 19, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death (a) Acute cardiac failure Duration 30 days
Due to (b) Toxic hyperthyroidism yrs
Due to (c)
Other conditions Malnutrition
(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 J. L. Foster (M. D. or other)
Address Desloge, Mo. Date signed 4-21-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 447-590

Date Filed 4-29-47

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 C. L. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, Missouri

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.