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FILED JUL 14 1948
Registration District No. 297

Primary Registration District No. 6022

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

1. PLACE OF DEATH:

(a) County Richmond

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

(c) Name of hospital or institution:
Lanier N. Barber, H. #13
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 49 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

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

(d) Street No. P.O. #31 mile W Richmond
(If rural, give location)

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

3: (a) PRINT FULL NAME ETRAE Elizabeth JOINER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Lloyd Joiner 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased December 11 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 6 25 hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Wesley Johnson

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

14. Maiden name Paula Belle Baker

15. Birthplace Ray County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lloyd Joiner

(b) Address Richmond Mo

17. (a) Rural (b) Date thereof 7/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worship Cemetery

18. (a) Signature of funeral director Wesley Johnson

(b) Address Richmond Mo

19. (a) July 7-48 (b) Wesley Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 10:50 minute 4 M.

21. I hereby certify that I attended the deceased from July 5, 1948 to July 6, 1948
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 27 hours

Due to Cerebral Hemorrhage 2 days

Due to Arterial Sclerosis + Hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

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? 2

While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature Dr. E. J. Keran (A.B.D. or other) AB DO
Address Richmond, Mo Date signed July 7

RECEIVED

District Health Officer No. 8,

File Number

Filed

7-13-48

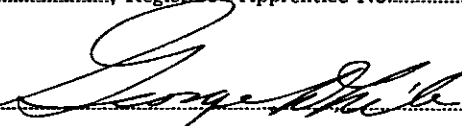
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 4066

P. O. Address. Richmond

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.