

REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21356
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
(b) Township WASHINGTON Primary Registration District No. 1001
(c) City ST. JOSEPH, (d) Street No. 1806 CLAY ST. St.
(e) Length of residence in city or town where death occurred 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

AMASA A. RICHARDSON
(a) Residence, No. 1806 CLAY ST. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELIZABETH MARGARET
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 14, 1861
7. AGE YEARS 77 MONTHS 0 DAYS 25 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED MONUMENT
9. Industry or business in which work was done, as saw mill, bank, etc. DEALER
10. Date deceased last worked at this occupation (month and year) UNK 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) SPRINGFIELD, (STATE OR COUNTRY) ILLINOIS

FATHER 13. NAME DAVID RICHARDSON
14. BIRTHPLACE (CITY OR TOWN) SPRINGFIELD (STATE OR COUNTRY) ILL.

MOTHER 15. MAIDEN NAME SARAH McLA IN
16. BIRTHPLACE (CITY OR TOWN) SPRINGFIELD (STATE OR COUNTRY) ILL

17. INFORMANT CLYDE J. RICHARDSON (ADDRESS) 1806 CLAY ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEMETERY DATE JUNE 11, 1938.

19. FUNERAL DIRECTOR FULFEMAN & SON INC. (ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 6/11 1938 A. Nettles Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 9, 1938 1938

I HEREBY CERTIFY That I attended deceased from 2/23/35 1935, to June 9 1938
I last saw him alive on May 10 1938. Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

apoplexy
Date of onset 9/2/35
Other contributory causes of importance: Hypertension

Name of operation..... Date of.....
What test confirmed diagnosis? Chinap Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Joe Owens M. D.
(Address) 301 Ballenger's Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986
hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John E. Rupp
Licensed Embalmer No. 3986

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.)