

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

21833
 Do not use this space.

REC'D JUL 20 1938

1. PLACE OF DEATH
 (a) County Greene Registration District No. 315
 (b) Township 1 Primary Registration District No. 2001 Registered No. 451
 (c) City Springfield (d) Street No. 920 N. Missouri St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROBERT S. RICHARDSON 263
 (a) Residence, No. 920 N. Missouri 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>✓</u>	<u>48</u>	<u>0</u>	<u>10</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electric Worker
 9. Industry or business in which work was done, as saw mill, bank, etc. Springfield University
 10. Date deceased last worked at this occupation (month and year) March 1937 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oldfield, Mo.

FATHER
 13. NAME S. R. Richardson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
 15. MAIDEN NAME Cornelia McHenry
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs Robert Richardson
 (ADDRESS) 920 N. Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Oldfield, Mo. DATE June 5 1938

19. FUNERAL DIRECTOR 1 license
 (ADDRESS) Springfield Mo

20. FILED 6-5-38 19 Chas W. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1938

22. I HEREBY CERTIFY, that I attended deceased from May 31, 1938 to June 1, 1938
 I last saw him alive on June 1 A.M., 1938 Death is said to have occurred on the date stated above, at 10:10 A.M.
 The principal cause of death and related causes of importance were as follows:
High Blood Pressure and Arterioclerosis

Date of onset

Other contributory causes of importance:
97

Name of operation none Date of --
 What test confirmed diagnosis? ----- Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury -----, 1938
 Where did injury occur? ----- (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
no injury

Manner of injury -----
 Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify Dr. George J. Roland, M. D.
 (Signed) Dr. George J. Roland (Address) 818 Sanders Bldg.
297

Springfield Mo.

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, F. C. Staine, Licensed Embalmer No. 2899

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed F. C. Staine
Licensed Embalmer No. 2899

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.)