

1938 SEP 26

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

29390
Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 488
 (b) Township 1 Primary Registration District No. 4301 Registered No. 6
 (c) City Bucklin (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Felix Knifong Richardson
 (a) Residence, No. Bucklin Mo. 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>	<u>5</u>	<u>0</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) New Canton (STATE OR COUNTRY) Mo.

FATHER

13. NAME Pendelton Richardson
 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME Harriet Knifong
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Virginia Richardson
Bucklin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel McWhite Cem DATE Aug 6 1938

19. FUNERAL DIRECTOR (NAME) Person Funeral Service (ADDRESS) Bucklin Mo.

20. FILED 8-6 1938 J. L. Cartwright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/27, 1938, to 8/4, 1938
 I last saw him alive on 8/4, 1938. Death is said to have occurred on the date stated above, at 11:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
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Other contributory causes of importance:
Acute cystitis
Prostatitis
Chronic interstitial nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes
 If so, specify _____ (Signed) M. G. Spear D.O.
Bucklin, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

HEALTH DEPARTMENT
DISTRICT HEALTH OFFICER
BUREAU OF HEALTH

RECEIVED

District Health Officer No. 10

District File Number 10-38-143

Date Filed 9-15-38

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. 4037

P. O. Address Bucklin Mo

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, above space should be left blank.

