

MO OCT 7 1938

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

32624
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 474
(b) Township Ozark Primary Registration District No. 3-6-38
(c) City McVernon (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 Marcus L Richardson

(a) Residence, No. _____ 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 Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Harrett Richardson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lauramaburg, Missouri
13. NAME John Wesley Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Marion Fairer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) G. W. Richardson Springfield
18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Prairie DATE Sept 5, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Wallace Bellings Mo
20. FILED 9/5 1938 Mrs. Anna Wilkerson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2nd 1938
22. I HEREBY CERTIFY, That I attended deceased from July 31 1938, to Sept 2 1938
I last saw him alive on July 31 1938. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer of testicle and cord
Date of onset 1 yr ago
Other contributory causes of importance:
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? _____ 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?
If so, specify _____ (Signed) S. M. Clark _____, M. D.
(Address) Halltown, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-249

Date Filed 10/5/38

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, _____

Emerett R. Head

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Emerett R. Head

Licensed Embalmer No. 4638

P. O. Address Billings, M.

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.