

NOV 17 1938

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

35677  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 2033  
 (b) Township Springfield Primary Registration District No. 2001 Registered No. 741  
 (c) City Springfield (d) Street No. 2033 N. Jefferson St.  
 (e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2033 N. Jefferson 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 Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Nellie L. Richardson (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1857  
 7. AGE YEARS 81 MONTHS 8 DAYS 28 If LESS than 1 day, hrs. min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Grocerman  
 9. Industry or business in which work was done, as saw mill, bank, etc. Grocery  
 10. Date deceased last worked at this occupation (month and year) 10/11  
 11. Total time (years) spent in this occupation 168

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ostego Wisconsin

13. NAME Henry Richardson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Electa Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Nellie L. Richardson (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL East Lawn DATE Oct 7 1938

19. FUNERAL DIRECTOR (NAME) J. W. Ingner (ADDRESS) Springfield, Mo.

20. FILED Oct 6 1938 Chas. Morgan Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1938 to 10/4, 1938  
 I last saw h. 1m alive on 10/3, 1938 Death is said to have occurred on the date stated above, at 5:45A m.  
 The principal cause of death and related causes of importance were as follows:  
Senility

Other contributory causes of importance:  
 Name of operation None Date of None  
 What test confirmed diagnosis? None 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) Chas. Morgan, M. D.  
 (Address) Springfield, Mo.

**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, *Roy G. H.*  
# 1763 : *Narren D. Hoblett #4005*, by *Mr. Max Rhode*

Registered Apprentice No. *117*, working under my personal supervision.

Signed *J.B.K. Ingner*  
Licensed Embalmer No. *3358*  
P. O. Address *Springfield*

**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.**