

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

38461
Do not use this space.

REC'D DEC 1 1938

1. PLACE OF DEATH

(a) County Adair Registration District No. 1023
 (b) Township Day Primary Registration District No. 5006 Registered No. 213
 (c) City (d) Street No.
 (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 Geo Washington Richardson
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elysa Jane Richardson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5
 7. AGE YEARS 79 MONTHS 5 DAYS 5 If LESS than 1 day, hrs. or min.

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
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co Iowa
 FATHER 13. NAME W. J. Richardson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 MOTHER 15. MAIDEN NAME Harvey King
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 17. INFORMANT (ADDRESS) W. J. Richardson Sperry, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE Nov. 28 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Summers R. Sparks & Co
 20. FILED Dec. 8 38 Spencer L. Tolman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1938
 22. I HEREBY CERTIFY, That I attended deceased from 19 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m. The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset 108
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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) M. F. Kennedy, M. D. (Address) Kirkville, Mo. R. # 3

RECEIVED

District Health Officer No. 10

District File Number 10-38-616

Date Filed 12/16/38

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, W. C. -

Summer, or by _____

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

Signed W. C. Summer

Licensed Embalmer No. 2159

P. O. Address Starksville 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORDING MACHINE

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

38461 Do not use this space.

1. PLACE OF DEATH (a) County Adair (b) Township Clay (c) City (d) Street No. 1023 (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 Geo Washington Richardson (a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-10-5-1859 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 0 22 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1938 22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him alive on 19 Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: Date of onset Other contributory causes of importance: Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 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) M. F. Kennedy M. D. (Address) Versailles

SUPPLEMENTARY

13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. FUNERAL DIRECTOR (ADDRESS) 20. FILED Jan 10 1939 Spencer L. Freeman Local Registrar

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

