

1935 JUN 14 1935

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

18051
Do not use this space.

1. PLACE OF DEATH

(a) County..... Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001
(c) or City..... St. Joseph (d) Street No. 821 1/2 S. 8th. 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 25 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Jackson Richardson

(a) Residence, No. 821 1/2 S. 8th St. (If nonresident, give city or town and State)

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 (OR) WIFE OF Rosie Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24th 1872.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 13

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. Sun Ra Products Co.
10. Date deceased last worked at this occupation (month and year) 1939
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Andrew County. (STATE OR COUNTRY) Missouri.

13. NAME John Emmett Richardson.

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

15. MAIDEN NAME Rosaltha Jackson.

16. BIRTHPLACE (CITY OR TOWN) Tuscoras. (STATE OR COUNTRY) Ohio.

17. INFORMANT Lloyd Richardson 1408 Ashland Ave. St Joseph Mo.

18. BURIAL PLACE Bolckow Mo. DATE May 9th. 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son. 1803 Union Ave. St Joseph Mo.

20. FILED May 9 1935 J. D. Neetlebusch Social Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1939

22. I HEREBY CERTIFY, that I attended deceased from December 1, 1938, to May 5, 1939. I last saw him alive on May 5, 1939. Death is said to have occurred on the date stated above, at 2:00 AM. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Refractive Chr.
Arterioscl. gen.
Hypertension

Name of operation none Date of operation no
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 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) J. D. Neetlebusch (Address) St Joseph Mo

WRITE PLAINLY, 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.

I X1693

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, ~~###~~

Elbert E. Harrington, Registered Apprentice No. _____
working under my personal supervision.

Signed

Elbert E. Harrington

Licensed Embalmer No. 3258

P. O. Address 1802 Union Str. St. Josep

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.