

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43114

JAN 12 1940 198
Registration District No.

Primary Registration District No. 3011

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Excelsior Springs 2
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 915 Williams Street -
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution at home.
 (Specify whether
 In this community 70 yrs.
 years, months or days)

3. (a) PRINT FULL NAME: JOHN SIMPSON RICHARDSON8. (b) If veteran, name war X 3. (c) Social Security No. X4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive deceased years7. Birth date of deceased Oct. 17 1866
(Month) (Day) (Year)8. AGE: Years 73 Months 1 Days 19 If less than one day hr. min.9. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Railroad worker11. Industry or business Station Foreman12. Name Unknown 013. Birthplace Ray Co. Mo. 0
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Anna M. Carmick(b) Address 915 Williams St.17. (a) Burial (b) Date thereof 12-8-1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fairview (Liberty Mo)18. (a) Signature of funeral director Herbert Hope(b) Address Excelsior Springs Mo.19. (a) Dec. 8, 1939 (b) Mrs. Ruth McClure
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
 (c) City or town Excelsior Springs
 (If outside city or town limits, write "RURAL")
 (d) Street No. 915 Williams St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 6th
year 1939 hour one minute 15 P. M.21. I hereby certify that I attended the deceased from November 24, 1939 to December 6, 1939
that I last saw him alive on December 6, 1939
and that death occurred on the date and hour stated above.Immediate cause of death My heart Coronary Artery Sclerosis
Due to Arterial Sclerosis
Due to 64Other conditions Diabetes Mellitus 6 years
(Include pregnancy within 3 months of death)Major findings: none performed
Of operations none performed
Of autopsy none performed22. If death was due to external causes, fill in the following: ✓
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?23. Signature John J. Brown (M. D. or other)
Address Excelsior Springs Date signed 12/8/39
(Specify type of place) Means of injury ✓

RECEIVED
District Health Officer No. 81
District File Number 1111140
Date Filed

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 _____

Scott Willis Lockensmith - _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Sw Lockensmith _____

Licensed Embalmer No. 3597

P. O. Address Exlain Springs, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.