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

25324
Do not use this space.

1. PLACE OF DEATH

(a) County Iron — Registration District No. 1159

(b) Township Iron — Primary Registration District No. 5549 — Registered No. 7

(c) ~~City~~ or Rural — (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 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 263 Christopher Columbus Richardson.

(a) Residence, No. Banner Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (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 (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Eliza Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8, 1862

7. AGE: YEARS 78 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Iron County Mo. 0

FATHER
13. NAME: Jonathin Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 1

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 9

17. INFORMANT (ADDRESS): A. H. Richardson, Belleview Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belleview Mo. DATE July 15, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Norman White & Sons, Ironton Mo.

20. FILED Aug 9 1940 Mrs. J. A. Townsend, Local Registrar. 356

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1940, to July 13, 1940
I last saw him alive on July 13, 1940. Death is said to have occurred on the date stated above, at 11.00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	July 11-40

Other contributory causes of importance: None 108

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 ..... No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) F. W. Gale, M. D.
(Address) Bismarck Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

X16605

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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Ancel J. White

Licensed Embalmer No. 3017

P. O. Address Droreton Jcu

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

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