

Registration District No. 526

Primary Registration District No. 5701

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon Indiant
(b) City or town Atlanta
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 90 years
years, months or days

8. (a) PRINT FULL NAME Mary A. Richardson
3. (b) If veteran, name war _____ 3. (c) Social Security No. 263

4. Sex Female 5. Color or race white 6. (a) Single, widowed, divorced, Widow
6. (b) Name of husband or wife John Richardson 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Oct. 16 - th 1845
(Month) (Day) (Year)

8. AGE: - Years 94 Months 8 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Camp Point Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Lived on farm

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Newman
13. Birthplace Penn Penn
(City, town, or county) (State or foreign country)
14. Maiden name Marguerite Lifencauth
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall Richardson
(b) Address Atlanta Mo

17. (a) Burial (b) Date thereof 7-10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int Labor Cemetery

18. (a) Signature of funeral director Hubbard
(b) Address Atlanta Mo

19. (a) July 12 - 1940 (b) Paul McNeely
(Interacting local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Atlanta Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Independence Township
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1940 hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from Last 4
yes - 1936 1-1, 1937, to July - 8 - 1940;
that I last saw her alive on July 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema and Exacerbation
Duration 10 days

Due to Cerebral Arterio-Sclerosis and Hypertension as a sequence
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: None
Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. 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? 419
(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature J. L. Cimbre (M. D. or other) _____
Address Atlanta Mo Date signed 7-9-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 8-40-1522

Filed AUG 8 1940

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.....

H M Godding

Registered Apprentice No.

working under my personal supervision.

Signed *H M Godding*.....

Licensed Embalmer No. 1750.....

P. O. Address Atlanta, Ga......

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.