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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31547

Registration District No. 96 Primary Registration District No. 6148 Registrar's No. 34

1. PLACE OF DEATH.
(a) County Caldwell
(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 2 mi East 1 mi South (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Elizabeth Richardson
3. (b) If veteran, name war ____
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Roland C Richardson
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased June (Month) 19 (Day) 1882 (Year)

8. AGE: Years 58 Months 2 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Olathe Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER 12. Name Wm H Evans
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rachel Ann Lewis
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Blanche Evans
(b) Address Olathe Kan.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cemetery
18. (a) Signature of funeral director Brain & Sons
(b) Address Hamilton Mo
19. (c) Aug 28 1940 (Date received local registrar) (b) Mula Brown (Registrar's signature) 100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1940 hour 9:00 (?) minute A. M.
21. I hereby certify that I attended the deceased from Not at all, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Short
Due to: Uremia - Sclerosis	2
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature T W Dailey (Coroner) (M. D. or other) M.D.
Address Hamilton, Mo. Date signed 8/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 Me

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

working under my personal supervision.

Signed James A. Brann

Licensed Embalmer No. 3718

P. O. Address Hamilton Mt

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

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