

17-39  
X21492

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

FILED OCT 12 1940

Registration District No. 136

Primary Registration District No. 6254

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Carroll Smith Twp

(b) City or town near the Witt mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Brunswick  
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME SAMUEL E. RICHARDSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 19 1871  
(Month) (Day) (Year)

Immediate cause of death Accidentally killed at Utah crossing by Train No. 2 going east

Due to Passenger Train

Due to \_\_\_\_\_

8. AGE: Years 69 Months 2 Days 12

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chariton Co. Mo.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy ✓

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business 1

MOTHER FATHER

12. Name Jos P. Richardson

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah M. Johnson

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Sept 1-1940

(c) Where did injury occur? Carroll County Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 131 Public Road.  
(Specify type of place) (e) Means of injury ✓

While at work? \_\_\_\_\_

16. (a) Informant J W Richardson

(b) Address Mendon Mo

17. (a) Burial (b) Date thereof 9-3-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mendon Mo

18. (a) Signature of funeral director L. Mausel

(b) Address Brunswick Mo

19. (a) Sept 4-40 (b) Alta Henderson  
(Date received local registrar) (Registrar's signature)

23. Signature E. Dickerson (M. D. or other) Coroner

Address Boyard Mo Date signed Sept 21 40

206M  
40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-8-40

**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 L. Weissel

Licensed Embalmer No. 823

P. O. Address Brunswick, N.C.

**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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31662

Registration District No. 136

Primary Registration District No. 6254

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town South T.P.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Samuel E. Richardson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) (Day) (Year) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

69 2 12 hr. min.

9. Birthplace (City, town, or county) (State or foreign country) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_

13. Birthplace (City, town, or county) (State or foreign country) \_\_\_\_\_

14. Maiden name \_\_\_\_\_

15. Birthplace (City, town, or county) (State or foreign country) \_\_\_\_\_

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year) \_\_\_\_\_

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

20. DATE OF DEATH Month Sept day 1 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally killed at track crossing by train no 2

Due to going East

Due to Train & Wagon accident  
Train hit wagon from crossing  
Richardson in wagon

Other conditions Richardson in wagon  
(include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Sept 1, 1940

(c) Where did injury occur Carroll Co. Mo.  
(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) (e) Means of injury \_\_\_\_\_

23. Signature B. A. Duesman Coroner  
(M. D. or other)

Address Boford, Mo. Date signed 11/20/40

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

SUPPLEMENTARY

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

