

Registration District No. **104/10**

Primary Registration District No. **5567**

1900
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **RURAL, Lincoln Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jasper R # I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **79 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Jasper R # I**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME **Joseph Marion Richmond**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Mary Jane** 6. (c) Age of husband or wife if alive **Unknown**
7. Birth date of deceased **Nov 9 1861**
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Republic Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Grocer & General Store**

12. Name **Unknown**

13. Birthplace **Unknown of Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown of Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Perry Richmond**

(b) Address **Omniogor R # I**

17. (a) **Burial** (b) Date thereof **March 17 1941**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Paul Mortuary**

(b) Address **Carthage Missouri**

19. (a) **Mar 17 1941** (b) **Clark C. Carr**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**
year **1941** hour **3** minute **9** P.M.

21. I hereby certify that I attended the deceased from **March 6**, 1941, to **March 13**, 1941;
that I last saw him **in** alive on **March 11**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **7 days**
Due to **Hypertensive cardiovascular disease**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations _____
Of autopsy _____
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? **855**
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Charles J. Sabel Jr.** (M. D. or other) **M.D.**
Address **Jasper Mo** Date signed **3/15/41**

HI-4-297

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..... *P. W. K. Melle*

Licensed Embalmer No. *814*

P. O. Address..... *Carthage, Mo.*

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, fact should be so stated above.