

FILED APR 15 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11521

State File No. _____

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 6 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Nodaway

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

(d) Street No. 3 mi N.E. of Maryville
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARGARET MARIE RICHARDSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr. 21 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>11</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Geo Woodrow Richardson

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

14. Maiden name Evelyn Joss

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

16. (a) Informant Geo Woodrow Richardson

(b) Address Maryville Mo

17. (a) Removal (b) Date thereof Mar. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valparaiso Nebr.

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo

19. (a) 3-19-41 (b) Mame E Clardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 19
year 1941 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from Mar 12-1941
~~Mar 12-1941~~ 1941, to Mar 19- 1941;
that I last saw her alive on Mar 18th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Rebre-br spinal meningitis 21 days
and Broncho-pneumonia 4 days

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

21 days

4 days

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L E Deau (M. D. _____)

Address Maryville Mo Date signed 3-19-41

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 John W. Price
Licensed Embalmer No. 3229
P. O. Address Maryville 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, above space should be left blank.

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Registration District No. 625

Primary Registration District No. 3031

Registrar's No.

1. PLACE OF DEATH

(a) County Madaway
(b) City or town Maryville
(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)

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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret M. Richardson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 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 Apr 21 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 11 Days 11 If less than one day _____ 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 _____
(Burial, cremation, or removal) (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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 1941 year. 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to meningitis
Undetermined
No special laboratory tests on spinal fluid
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations none
Of autopsy none

Duration 3 wks
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L E Dean (M. D. or other) _____
Address Maryville MO Date signed 2-10-41

SUPPLEMENTARY

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

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