

Registration District No. 120

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau Co
(b) City or town Cape Girardeau
(c) Name of hospital or institution: U South East Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME INFANT RICHARDSON

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

4. Sex male 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

7. Birth date of deceased May 23 - 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day 16 hr. _____ min.

9. Birthplace Cape Girardeau Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Floyd Richardson

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

14. Maiden name Margaret Murrain

15. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)

16. (a) Informant Floyd Richardson

(b) Address St Louis Mo

17. (a) Burial (b) Date thereof 5-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hompson Funeral Home

18. (a) Signature of funeral director Wm Thompson

(b) Address Cape Girardeau Mo

19. 5-24-41 (a) (Date received local registrar) (b) J.M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24 - 41
year _____ 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 Congenital Aortic Aneurysm
Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

Duration

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 A B C (M. D. or other) _____
Address Cape Girardeau Mo Date filed _____

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

16
1
4

MOTHER FATHER

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.....

Not embalmed, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.