

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

FILED JUL 17 1941

State File No. _____

Registration District No. 565

Primary Registration District No. 5761a

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Uman, 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)

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

In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County Miller

(c) City or town Uman
(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 LOUIS ELMER RICHARDSON

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 widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 15 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>3</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Mrs. H. Richardson

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

14. Maiden name Lucie Allen Patterson

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

16. (a) Informant Fred Thompson

(b) Address Uman, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 6-19-41
(Month) (Day) (Year)

(c) Place: burial or cremation Uman, Mo.

18. (a) Signature of funeral director Ch. Casey

(b) Address Uman, Mo.

19. (a) June 24 1941
(Date received local registrar)

(b) Ch. Hawkins
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1941 hour 3 minute P M.

21. I hereby certify that I attended the deceased from June 1 1941 to June 18 1941; that I last saw him alive on June 15 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 3 days

Due to arterio-sclerosis 15 years

Other conditions: Chronic myocarditis & Chronic nephritis 15 years
(Include pregnancy within 3 months of death)

Major findings: Chronic nephritis PHYSICIAN _____

Of operations none

Of autopsy none 12/10
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? 498
(Specify type of place) (e) Means of injury _____

23. Signature Myron D. Jones M.D. MO.
Address Brunley, Mo. Date signed 6-27-41

RECEIVED
Miller County Health Dep't
County File Number 41-85
Date Filed 7/15/46

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.

No Embalming

Signed *Ch. Bacey*
Licensed Embalmer No. 2694
P. O. Address *Iberia 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.