

Registration District No. **887** Primary Registration District No. **45-38** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Washington**
(b) City or town **Potosi**
(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 **Missouri** (b) County **WASHINGTON**
(c) City or town **POTOSI # 110**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** - day **29** -
year **1941** hour **5** - minute **30** A.M.

21. I hereby certify that I attended the deceased from **June 18**, 19**41**, to **June 29**, 19**41**
that I last saw him alive on **June 28**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**
Duration _____

Due to _____
Due to **stroke**
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.

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 **Joseph L. Hummer** (M. D. or other) _____
Address **Potosi, Mo.** Date signed **6-30-41**

3. (a) PRINT FULL NAME **Charles Hardin Richeson**

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

4. Sex **male** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **wife** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **8** (Month) **5** (Day) **1868** (Year)

8. AGE: Years **72** Months **10** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Virginia** (City, town, or county) _____ (State or foreign country)

10. Usual occupation **lawyer**

11. Industry or business _____

12. Name **Samuel Richeson**

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

14. Maiden name **Lu Anna Ella Milner**

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

16. (a) Informant **Samuel Richeson**

(b) Address **Potosi Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6 30 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Potosi, Missouri**

18. (a) Signature of funeral director **C. H. Bower**

(b) Address **Potosi, Missouri**

19. (a) **July 1st** (Date received local registrar) (b) **G. H. Bower** (Registrar's signature)

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

10
1
0

MAY 26 1942

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.....



Licensed Embalmer No. 4158

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.