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FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27738

Registration District No. 29

Primary Registration District No. 5078

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:
Star Route Aurora Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 19 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. Star Route Aurora Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles A 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 Married

6. (b) Name of husband or wife Sarah E Richardson 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: June 12 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>0</u>	<u>24</u>	hr. min.

9. Birthplace ? Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Samuel Richardson

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

14. Maiden name Elizabeth Parott,

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant George Richardson

(b) Address Star Route Aurora Mo.

17. (a) Burial (b) Date thereof July 6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leann Mo.

18. (a) Signature of funeral director J.P. King

(b) Address Aurora Mo.

19. (a) July 7 1941 (b) Geo. W. Newman, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1941 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 20 1941 to July 2 1941
that I last saw him alive on July 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, chronic

Due to Hypertension secondary

Due to Generalized arteriosclerosis

Duration
Not Known
Not Known

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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 Dr. Geo. W. Newman (M. D. or other) M.D.
Address 16 E. Fourth St Date signed 7/7/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 941-1525

Date Filed SEP 15 1941

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 Herman Swartz

Licensed Embalmer No. 3072

P. O. Address Aurora 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.