

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41724  
Registrar's No. \_\_\_\_\_

JAN 13 1942 249  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5346

1. PLACE OF DEATH:

(a) County DAYIESS  
(b) City or town RURAL SALEM TWP.  
(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 DAYIESS 3/0  
(c) City or town RURAL SALEM TWP. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD FRANKLIN RICHARDSON

3. (b) If veteran, L name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MAY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 12 - 31 - 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SHELBY Co., ILLINOIS!  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name JOHN RICHARDSON

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

14. Maiden name ELIZABETH SKIRA

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

16. (a) Informant May Richardson

(b) Address Patterson, Mo.

17. (a) BURIAL (b) Date thereof 11/30/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BUTLER CEMETERY

18. (a) Signature of funeral director S. M. Hays

(b) Address Patterson, Mo.

19. (a) Dec. 9, 1941 Mar. H. C. Cunningham  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28  
year 1941 hour 9 minute 45 A.M.  
21. I hereby certify that I attended the deceased from 11-27  
1941 to 11-28 1941;  
that I last saw him alive on 11-28 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis  
Duration 2 days  
5 days

Due to \_\_\_\_\_  
Due to 932  
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? \_\_\_\_\_

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

23. Signature L. R. King (M. D. or other) MD  
Address Patterson, Mo. Date signed 12-41

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

MOTHER FATHER

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**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.....

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.**