

JAN 13 1942

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 351

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital No 3 Nevada, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 12 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Hanks City
(If outside city or town limits, write "RURAL")
(d) Street No. 3231 Perfect St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Sydney Richardson

3. (b) If veteran, name war unk 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mr. Susan 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased: (Month) ? (Day) ? (Year) 1880

8. AGE: Years 81 Months ? Days ? If less than one day hr. _____ min. _____

9. Birthplace: Austin Texas (City, town, or county) (State or foreign country)

10. Usual occupation labour

11. Industry or business _____

12. Name Geo Webster Richardson

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

14. Maiden name unk

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

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Buried (b) Date thereof 12/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Church

18. (a) Signature of funeral director Mark C. King

(b) Address Nevada, Mo

19. (a) 12-17-41 (b) Allen V. Hoops
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1941 10 hour 3.2 minute 18 M.

21. I hereby certify that I attended the deceased from Dec 4 1941, to Dec 12 1941; that I last saw him alive on Dec 12 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Senile Psychosis

Due to _____

Due to _____

Other conditions: 162a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 G. S. Waraich (M. D. or other) _____

Address Nevada, Mo Date signed 12/16/41

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

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2123

Date Filed 1-7-42

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

Mary Eckinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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, above space should be left blank.