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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

Registration District No. 252

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4152

State File No. 10669

Registrar's No. 5

**1. PLACE OF DEATH:**

(a) County DAVIEES

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

(c) Name of hospital or institution: Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 82 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County DAVIEES

(c) City or town JAMESPORT
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME ELIZABETH, FRANCIS Richardson

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter L. Richardson

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Sept (Month) 28 (Day), 1853 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 88 | 5 | 9 | ..... hr. ..... min. |

9. Birthplace Van Buren (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Samuel Snyder
13. Birthplace unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Nancy Stephens
15. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant [illegible]
(b) Address Jamesport R.F.D. #1

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery Jamesport Mo

18. (a) Signature of funeral director Dennis Funeral Service
(b) Address Jamesport, Mo

19. (a) 3-31-1942 (Date received local registrar) (b) L. O. Dickerson (Registrar's signature)

1067

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 7 year 1942 hour 5:15 minute A M.

21. I hereby certify that I attended the deceased from Mar 1, 1942, to Mar 7, 1942, that I last saw her alive on Mar 1, 1942, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death General paralysis of Paresis | |
| Due to Paresis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 30 b | |
| 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 2

23. Signature F B Bailey (M. D. or other) DOC

Address Jamesport Date signed 3-31-42

(Licensed Embalmer's Statement on Reverse Side)

## 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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.**