S. No. 2
M—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15270

State File No.

FILED MAY 15 19[redacted]

Registration District No. [redacted]

Primary Registration District No. 44-22-5930

Registrar's No.

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

34
6
0

1. PLACE OF DEATH:
(a) County Polk [redacted]
(b) City or town [redacted] Bolivar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manor Nox Rural Route 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Bolivar 0
(If outside city or town limits, write "RURAL")
(d) Street No. R F D no 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Nellie L. Richardson.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F. 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April (Month) 26 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	0	2	hr. min.

9. Birthplace Otsego (City, town, or county) / Wisconsin (State or foreign country)
10. Usual occupation None
11. Industry or business [redacted]

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eleanor Hadlock
(b) Address Bolivar Mo R No 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-1942 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery
18. (a) Signature of funeral director J W Klingner & Co
(b) Address Springfield Missouri
19. (a) 4-29-42 (Date received local registrar) (b) Elsie J McDaniel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th year 1942 hour 8:15 minute P.M.
21. I hereby certify that I attended the deceased from March 16, 1942, to April 28, 1942 that I last saw her alive on April 28, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Perforated Gastric Ulcer	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) High Blood Pressure Myocarditis; Nephritis	
Major findings: Of operations	
Of autopsy 1170	

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 W. J. Gumbrecht (M. D. or other)
Address Bolivar, Mo. Date signed 4-29-42

1216 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-42-536
Date Filed 5-14-42

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 Roy A. Cauin
Licensed Embalmer No. 1763
P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.