

FILED JUN 20 1942
288

Registration District No.

Primary Registration District No. 4172

33
2
2

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

1. PLACE OF DEATH

(a) County Dunklin

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

(c) Name of hospital or institution Pennett Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 5 Days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Marion F. Richardson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced 1 divorced Married

6. (b) Name of husband or wife Richardson

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. 24 - 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	8	hr. min.

9. Birthplace Clay co. Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Erant Richardson

13. Birthplace Clay co. Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Montgomery

15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant E. Emery Richardson

(b) Address 1102 S. 2nd St. Jellison, Ill

17. (a) Burial (b) Date thereof 4-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director E. Emery Burns

(b) Address Waverly, Mo.

19. (a) April 2, 1942
(Date received local registrar) (City, town, or county) (State)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pennett

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1942 hour 6:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from 3-30-42
19, to 4-2-42, 19

that I last saw him alive on 4-2-42, 19

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Decompany heart

Due to Hypertension

Due to _____

Other conditions Nephritis
(Include pregnancy within 6 months of death)

Duration

4 days

4 weeks

6 months

4-6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: 131

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 J. R. Pennington (M.D. or other) Dr.

Address Pennett, MO Date signed 4-2-42

901

RECEIVED

District Health Office No. 2,

District File Number 642-692

Date Filed JUN 16 1942

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.