

S. No. 2  
-11-10-39  
-5-17-39  
PI X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21144

State File No. \_\_\_\_\_

FILED JUL 13 1942  
Registration District No. 296

Primary Registration District No. 4180

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Franklin

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

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

(d) Length of stay: In hospital or institution 1 yr (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Lee Richardson

3. (b) If veteran, name war X

3. (c) Social Security No. 490-09-8737

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Eva Richardson

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

7. Birth date of deceased September 17 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 10 22 hr. X min.

9. Birthplace Henley Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Bob Richardson

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

14. Maiden name Doyle Knott

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

16. (a) Informant: Barbara Wilson

(b) Address Washington M. R. 2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/11/1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Maye Home, Mo.

18. (a) Signature of funeral director E. H. Oldham

(b) Address Union Mo.

19. (a) 7/11/42 (b) Conrad Atteyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union 36  
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th  
year 1942 hour 4 minute 4 am.

21. I hereby certify that I attended the deceased from 7-6 1942 to 7-9 1942  
that I last saw him alive on 7-8-42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to X

Due to 93e

Other conditions X  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations X

Of autopsy X

Duration

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? D

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

(b) Means of injury \_\_\_\_\_

23. Signature L. M. Denny (M. D. or other) MD

Address Union Mo Date signed 7-10-42

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

36  
05

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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

*E. F. Olstmann*

Licensed Embalmer No.

*1686*

P. O. Address

*Union 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.