U. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 31 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27765

State File No.

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 36

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

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town STELLA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CARDWELL Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73 0
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. STARK CITY ROUTE A.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WALTER LEROY RICHARDSON
3. (b) If veteran, name war WORLD WAR I
3. (c) Social Security No. 488-26-6447
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GERTRUDE AVESTA RICHARDSON
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased APRIL (Month) 23 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
44	3	12	hr. min.

9. Birthplace TASWELL (City, town, or county) TENN 1 (State or foreign country)
10. Usual occupation FARMING
11. Industry or business
PATHER
12. Name ISSAC BARTON RICHARDSON
13. Birthplace UNKNOWN (City, town, or county) TENN 1 (State or foreign country)
MOTHER
14. Maiden name ORLENA EDMONDSON
15. Birthplace TASWELL (City, town, or county) TENN. 1 (State or foreign country)
16. (a) Informant Gertrude Richardson
(b) Address Stark City Mo. R.A.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia Cemetery
18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo.
19. (a) Aug 11-1942 (Date received local registrar) (b) Dana Gerster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1942 hour 7 minute a. M.
21. I hereby certify that I attended the deceased from July 25, 1942 to Aug. 5, 1942 that I last saw him alive on Aug 5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death peritonitis	
Due to Gangrene appendix	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

121.1

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 J. R. Edmondson (M. D. or other)
Address Stella Mo. Date signed 8/8/42

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(Licensed Embalmer's Statement on Reverse Side)

AUG 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 Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.