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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34669

State File No.

Registration District No. 312 Primary Registration District No. 4457 Registrar's No. 16

1. PLACE OF DEATH:

(a) County St Clair

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

(c) Name of hospital or institution:
in Lowry City / No st number
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93 0

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Martha J Richardson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband ~~or wife~~ Benjamin Richardson

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

7. Birth date of deceased May (Month) 11 (Day) 1860 (Year)

8. AGE: Years 82 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Phelps Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Louis Matlock
13. Birthplace (City, town, or county) Penn 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Hiram Richardson

(b) Address Shell City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 21 (Day) 1942 (Year)

(c) Place: burial or cremation Lowry City cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) 10-23-1942 (Date received local registrar) (b) D. E. Lotz #27 (Registrar's signature)

Minnie Foster Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1942 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from 11-10- 1941 to 10-19- 1942; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature W H Elliott (M. D. or other) MD

Address Appleton City Mo Date signed 10-20-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 11-42-1165
Date Filed 11-5-42

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.