

FILED DEC 15 1942

Registration District No. 1306

Primary Registration District No. 6136

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon Mo.

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

(c) Name of hospital or institution: 1700 Spring Valley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon Mo.

(c) City or town Summersville Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Bertha E. Richardson

3. (b) If veteran, name war: No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1942 hour 11 minute PM

21. I hereby certify that I attended the deceased from Nov 18 1942 to Nov 20 1942

4. Sex F

5. Color or race W

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

(b) Name of husband or wife William H. Richardson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: March 20 1875
(Month) (Day) (Year)

that I last saw her E.R. alive on Nov 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Biliary Calculi Duration 1

8. AGE: Years 67 Months 8 Days 9 If less than one day hr. min.

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 126

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

10. Usual occupation Housewife

11. Industry or business

12. Name Marta Pennington

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

14. Maiden name Unknown

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

16. (a) Informant B. B. Shedd

(b) Address Emmerence Mo.

17. (a) Burial (b) Date thereof Nov 25 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ball Cemetery

18. (a) Signature of funeral director John J. Brown

(b) Address 1700 Spring Valley

19. (a) 12-1-42 (b) Frank Boyd MD
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work? (Specify type of place) (c) Means of injury.....

23. Signature Dr. Lawrence Hampton (M. D. or other) D.O.
Address Summersville Date signed Nov 27

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

RECEIVED

District Health Officer No. 5,

District File Number 12421061

Date Filed 12-14-42

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 John J. Keenan
Licensed Embalmer No. 2516
P. O. Address Mountain View 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38265

Registration District No. 336

Primary Registration District No. 6236

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Summersville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Mo (b) County Shannon
(c) City or town Summersville Mo
(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 _____

3. (a) PRINT FULL NAME Bertie E. Richardson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 20
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days _____ (if less than one day) min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I affirmed the date based from _____
_____ 19____;
that I or saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
immediate cause of death _____

Due to _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)
While at work? _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

