

FILED FEB 10 1943

Primary Registration District No. 4100

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

19
00

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Strasburg
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Chas. Henry Richardson

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

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

6. (b) Name of husband or wife Addie Richardson 8. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 4 - 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joel Richardson

18. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Versinger

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

16. (a) Informant Mrs. Addie Richardson

(b) Address Strasburg, Mo

17. (a) Burial (b) Date thereof 9/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strasburg Cemetery

18. (a) Signature of funeral director D. G. Noberger
(b) Address Pleasant Hill, Mo

19. (a) Feb. 4, 1943 (b) Margaret Telle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Strasburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1936
_____, 19____, to Sept 12, 1942

that I last saw him alive on Sept. 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis and auricular fibrillation

Due to Cancer of prostate gland

Due to chronic hypertrophy of prostate gland

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

Major findings: Of operations 516

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 W. Beckman (M. D. or other) _____

Address Strasburg Date signed Sept 12, 1942

Duration

about 6 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *D. P. Nofziger*

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill*

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.