

No. 2
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1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 16 1943
Registration District No. 237

Primary Registration District No. 4353

Registrar's No. 1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: 1
(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 _____
Farral Gene Richardson

3. (a) PRINT FULL NAME (~~Richardson~~) Richardson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race W

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

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

7. Birth date of Dec. 11 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation infant

11. Industry or business _____

12. Name Ellis Richardson

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

14. Maiden name Margaret Mayo

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

16. (a) Informant Ellis Richardson

(b) Address Malden

17. (a) Burial (b) Date thereof Jan. 7 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stouffield Cem.

18. (a) Signature of funeral director Paul B. Menting

(b) Address Ledon Mo

19. (a) Jan 7-43 (b) Kenneth Macdon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid

(c) City or town Ledon
(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.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 43 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 3 1943 to Jan 6 1943
that I last saw her alive on Jan 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pneumonia Duration 4 days

Due to Extension of Colet

Due to ✓

Other conditions (Include pregnancy within 3 months of death) 107

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) (e) Means of injury _____

23. Signature Thermon Coulston (M.D. or other) _____
Address Malden Date signed 1/7/43

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RECEIVED

District Health Office No. 2

District File Number 243-21

Date Filed 2-8-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.