

7. S. No. 2  
FORM—9-4-41  
Rev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **325**

**FILED**  
**MAY 10 1943**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **2000**

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **GREENE**

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

(c) Name of hospital or institution: **Burgess 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 **56 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene**

(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")

(d) Street No. **841 W Leath**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Wm ROBERT RICHARDSON**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **None**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **MARY RICHARDSON** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **Dec 30 1871**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>3</b>	<b>24</b>	hr. min.

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

10. Usual occupation **RETIRED Blacksmith**

11. Industry or business **Blacksmith**

12. Name **John Richardson**

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

14. Maiden name **Rachel Hall**

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

16. (a) Informant **Mrs Mary Richardson**

(b) Address **841 W Leath**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 27 - 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **J. M. Kingmales**

(b) Address **Springfield Mo**

19. (a) **4-27-43** (Date received local registrar) (b) **or M. Standley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **24**  
year **1943** hour **6** minute **00** A.M.

21. I hereby certify that I attended the deceased from **4-23** 19**43** to **4-24** 19**43**; that I last saw h. **IM** alive on **4-23-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **24hr**

Due to **Arterio Sclerosis**

Other conditions **Pneumonia Asthma**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **940**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **May L. Standley** (M. D. or other) **MD.**  
Address **Springfield Mo** Date signed **4-24-43**

MAY 10 1943

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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. 3358

P. O. Address. Springfield, 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.

X