

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 36

**FILED JUN 14 1943**  
Registration District No. 277

Primary Registration District No. 3057

**1. PLACE OF DEATH:**

(a) County Ray

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: None  
In hospital or institution. (Specify whether in this community years, months or days)

All His Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Ray

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

(d) Street No. 214 West Buchanan St.  
(If rural, give location)

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

If yes, name country U.S.A.

**3. (a) PRINT FULL NAME** George Richardson

3. (b) If veteran, name war No

3. (c) Social Security No. No

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 29  
year 1943 hour 12 minute 30 P.M.

4. Sex Male 5. Color or race Black

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 4-1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 26, 1943 to May 29, 1943  
that I last saw him alive on May 29, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days

**8. AGE:**

Years	Months	Days	If less than one day
<u>74</u>	<u>2</u>	<u>12</u>	<u>0</u> hr. <u>0</u> min.

Due to Mitral Stenosis ?

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

Due to 107

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

10. Usual occupation Janitor

Major findings:  
Of operations 107

Of autopsy 107

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Henry Richardson

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

14. Maiden name (Ann Richardson)

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

16. (a) Informant Calvin Fields

(b) Address Richmond Mo.

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

17. (a) Burial (b) Date thereof 6-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond mo.

18. (a) Signature of funeral director J. B. Feltus

(b) Address Richmond Mo.

While at work? Shos. F. Cook (Specify type of place) (e) Means of injury

19. (a) May 30 43 (b) Mrs. Chas. W. Shipp  
(Date received local registrar) (Registrar's signature)

23. Signature Shos. F. Cook (M. D. or D.O.)  
Address Richmond, Mo. Date signed 6-2-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8

District File Number \_\_\_\_\_

Date Filed 6-11-43

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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 \_\_\_\_\_

**J.B. Brothers**

working under my personal supervision.

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

**Brothers Funeral Home.**

Signed *J.B. Brothers*

20001

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Richmond 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.