

FILED AUG 11 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage

(c) Name of hospital or institution: McCune-Brooks Hospital

(d) Length of stay: In hospital or institution 6 days

In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage

(d) Street No. 905 S. Maple

(e) Citizen of foreign country? No

If yes, name country - - -

3. (a) PRINT FULL NAME Nora Isabelle Richardson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Paul Richardson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 26 1880

8. AGE:

Years	Months	Days	If less than one day
63	4	10	hr. min.

9. Birthplace Granby Missouri

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name George Paul

13. Birthplace Unknown Unknown

14. Maiden name Martha Jane Varner

15. Birthplace Unknown Unknown

16. (a) Informant Paul Richardson

(b) Address 905 S. Maple, Carthage, Mo.

17. (a) Burial (b) Date thereof July 8, 1943

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) July 8, 1943 (b) Elizabeth Coulman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4 year 1943 hour 8-45 minute 9 M.

21. I hereby certify that I attended the deceased from 6-24-1943 to 7-6-1943

that I last saw her alive on 7-6-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Slighter Cerebral apoplexy

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)

(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 [Signature] (M. D. [Signature])

Address [Address] Date signed 7/8/43

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

43-7-646

OCT 7 1946

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. 391

P. O. Address. Carthage

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.