

No. 2  
-5-42  
5-17-39

26354

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District AUG 3 5 448

Primary Registration District No. 4519

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town CABOOL  
(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 35 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107

(c) City or town Cabool 0  
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

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

If yes, name country..... 1

3. (a) PRINT FULL NAME DAVID RICHARDSON

3. (b) If veteran, name war.....

3. (c) Social Security No. 487-14-3907

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1943  
hour 2 minute 0 M.

4. Sex male 5. Color of race white

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 15 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from no attending to 19 that I last saw alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration

8. AGE: Years Months Days If less than one day

71 3 18 hr. min.

Due to.....

Due to.....

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

Other conditions (Includes pregnancy within 3 months of death)

10. Usual occupation Cement Contractor

Major findings: Of operations 83a

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Richard Richardson

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

14. Maiden name Romelia Maherry

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

16. (a) Informant Mrs Dave Richardson

(b) Address Cabool Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-7-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Cabool

18. (a) Signature of funeral director Engel Elliott

(b) Address Cabool Mo

19. (a) July-6-1943 (Date received local registrar) (b) Wm Lou Miller (Registrar's signature)

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 3

23. Signature R.P. [unclear] (M. D. or other) Coroner

Address Houston Mo Date signed 7-3-43

1239

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 843480

Date Filed 8-6-43

---

---

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.....

*Gayland S. Elliott*

Licensed Embalmer No.....

2252

P. O. Address.....

*Cabell*

**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.