S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31334

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 288

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullaway Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community ~~2 yrs~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Bachelor
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bobby Gene Richardson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 11th (Day) 1943 (Year)
8. AGE: Years | Months 8 | Days 22 | If less than one day hr. min.
9. Birthplace Houstonia (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Earnest Richardson
13. Birthplace Stover (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Ada Franklin
15. Birthplace Sedalia (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Earnest Richardson
(b) Address Bachelor, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery
18. (a) Signature of funeral director Hughes Mauzy
(b) Address Auxvasse Mo.
19. (a) Sept 3 1943 (Date received local registrar) (b) Josie Moseschoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1943 hour 8.30 am minute M.
21. I hereby certify that I attended the deceased from Sept 1 19 43, to Sept 3 19 43, that I last saw him alive on Sept 3 19 43, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Gastro-Enteritis	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy none

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? (Specify type of place)
While at work? No (e) Means of injury —
23. Signature R. G. Hall (M. D.)
Address Fulton Mo Date signed 9/7/43

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(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Hughes Mankin

Licensed Embalmer No. 2358

P. O. Address Aux Vasse, 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.