p. 7
4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38709

State File No.

FILED DEC 14 1943

Registration District No. [illegible] Primary Registration District No. 5779

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller

(b) City or town ~~Tuscumbia~~ (RUral) Equality
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 66

(a) State Missouri (b) County Miller

(c) City or town Tuscumbia (Rural)
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Clara Alice Richardson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Philander P. Richardson

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased May (Month) 10 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
74	6	3	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Birdsong
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Zummalt
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant P. P. Richardson
(b) Address Tuscumbia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Tuscumbia, Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) Nov 14, 43 (Date received local registrar) (b) H. O. Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1943 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1, 1942 to Nov 13, 1943
that I last saw her alive on August 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Hemorrhage probably due to ruptured aneurysm	10 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (e) Means of injury

23. Signature M. E. Humphrey (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 11-13-43

879

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1948

RECEIVED
Miller County Health Dep't.
County File Number 43-200
Date Filed 12-11-43

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

Louis D. Phillips, Registered Apprentice No.

working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

o. 2B
5-43
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec.

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town ____ (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 ____

3. (a) PRINT FULL NAME: Clara A. Richardson
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive: 82 years
7. Birth date of deceased: May (Month) 10 (Day) 1868 (Year)
8. AGE: Years 74 Months 6 Days ____ If less than one day: ____ hr. ____ min.
9. Birthplace: Mo. (City, town, or county) (State or foreign country)
10. Usual occupation ____
11. Industry or business ____

FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ____
15. Birthplace ____ (City, town, or county) (State or foreign country)

16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director ____
(b) Address ____
19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 15 Year 1943 Hour ____ Minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary hemorrhage	
Due to: Probably due to ruptured aneurysm	
Due to: Not stated	
Other conditions (Include pregnancy within 3 months of death): 96	
Major findings: Of operations ____	
Of autopsy ____	

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? ____ (e) Means of injury ____
23. Signature ____ (M. D. or other) ____
Address ____ Date signed ____

38709