

FILED DEC 7 1943

Registration District No. ....

Primary Registration District No. 5947

Registrar's No. ....

1. PLACE OF DEATH

(a) County Phelps  
(b) City or town St James Rural  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps  
(c) City or town St James Rural  
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6  
year 1943 hour 11 00 minute 0 A. M.  
21. I hereby certify that I attended the deceased from April 29 1943 to November 6 1943  
that I last saw her alive on October 31 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arteriosclerosis Hypertension 4 years

Due to: Chronic parenchymatous nephritis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: 131P  
Of autopsy: \_\_\_\_\_

Duration  
Physician  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Hettie Richardson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife Geo Richardson 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased: 2 (Month) 2 (Day) 1867 (Year)

8. AGE: Years 76 Months 9 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name John Meathers  
13. Birthplace Mo (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name Don Kean  
15. Birthplace Don Kean (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Mrs. Gloy carpenter  
(b) Address St James mo  
17. (a) Rural (b) Date thereof 11-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Osborne Cem

18. (a) Signature of funeral director W. H. Schleder  
(b) Address St James mo  
19. (a) 11-15-1943 (b) Chauncey Dickson  
(Date received local registrar) (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? None  
(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 Coffman (M. D. \_\_\_\_\_)  
Address St James, Mo. Date signed 11-9-43

1091

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

MOTHER FATHER

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed W. E. Dicklader

Licensed Embalmer No. 1970

P. O. Address St. James 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.**