

FILED DEC 18 1943
Registration District No. 121

Primary Registration District No. 4200

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove MO
(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 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

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

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME William Ramsey Richardson

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

4. Sex Male 5. Color or face White

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 3 28 1873
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>70</u>	<u>7</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation carpenter

11. Industry or business _____

MOTHER FATHER

12. Name K _____

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

14. Maiden name K _____

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

16. (a) Informant Mrs Minnie Hosman

(b) Address Ash Grove MO

17. (a) Burial (b) Date thereof 11 28 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kelly

18. (a) Signature of funeral director Morris Leiman

(b) Address Ash Grove MO

19. (a) Nov. 28, 1943 (b) J. P. Birch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 - day 26
year 1943 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from 2 yrs to Nov 26, 1943
that I last saw him alive on Nov 21st, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General debilitated Condition Duration _____

Due to General Paresis (cause unknown) 243 yrs

Due to _____

Other conditions 308
(Include pregnancy within 3 months of death)

Major findings:
Of operations none done

Of autopsy none held

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 Charles H. Miffie (M. D. or other) M.D.
Address Ash Grove MO Date signed 11-28-1943

RECEIVED

Greene County, Missouri

County File Number 43-12-124

Date Filed 12/16/43

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 Maude O. Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.