

S. No. 2
M-9-4-41
v. 5-17-39
-1 X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2618**

FILED FEB 14 1944

Registration District No. *8*

Primary Registration District No. *4151*

Registrar's No. *2*

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

18
2
0

1. PLACE OF DEATH:

(a) County **CRAWFORD CO**

(b) City or town **STEELEVILLE**

(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 years, months or days)

In this community **ENTIRE LIFE**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Crawford**

(c) City or town **Steeleville**

(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 **ELIHU RICHARDSON**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **5** year **1944** hour **1** minute **45** A.M.

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: **JAN 8 1950**

21. I hereby certify that I attended the deceased from **Dec. 28 1943** to **Jan 5 1944**

that I last saw him alive on **Jan 4 1944** and that death occurred on the date and hour stated above.

8. AGE: Years **93** Months **10** Days **27**

If less than one day _____ hr. _____ min.

Immediate cause of death **Myocardial failure**

Due to **influenza**

Duration **2 da.**

9. Birthplace **Kingston Ky**

10. Usual occupation **Retired**

11. Industry or business _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **ZZK**

12. Name **William J Richardson**

13. Birthplace **Ky**

14. Maiden name **Nancy White**

15. Birthplace **Ky**

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **But Richardson**

(b) Address **Steeleville Mo**

17. (a) **Burial** (b) Date thereof **1 7 44**

(c) Place: burial or cremation **Mesa Cem**

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? _____

18. (a) Signature of funeral director **W. M. Schurder**

19. (a) **Jan 10 1944** (b) **W. M. Schurder**

While at work? _____ (Specify type of place) _____ (Specify type of injury)

23. Signature **William J. Steeville** M.D. of City _____

Address **Steeleville Mo** Date signed **7/2/44**

Jan 10 1944 301

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5.

District File Number

Date Filed

244154

2.11.44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.