DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1946

Registration District No. 1006

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

Reynolds

State File No. 7453

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Freeman Hospital O
(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: 73

(a) State Missouri (b) County Newton 2

(c) City or town Neosho 2
(If outside city or town limits, write "RURAL")

(d) Street No. Pineville Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Edwin L. Richardson

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

4. Sex Male 5. Color or race White O 6. (a) Single, widowed, married, divorced Married 1

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

7. Birth date of deceased September 22, 1907
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	4	10	..... hr. ..... min.

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

10. Usual occupation Surveyor

11. Industry or business Newton County Missouri

FATHER
12. Name Robert Richardson
13. Birthplace Marion County (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Daisy L. Decker
15. Birthplace Reynolds County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Robert Richardson
(b) Address Granby Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Neosho I.O.O.F. Cem.

18. (a) Signature of funeral director Carey Thompson
(b) Address Neosho Missouri

19. (a) 2-7-44 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd.
year 1944 hour 9:35 minute P. M.

21. I hereby certify that I attended the deceased from 2-2-, 1944, to 2-2, 1944
that I last saw him alive on 2-2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Self inflicted Gun shot wound of the head

Due to .....

Due to .....

164C

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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) Suicide

(b) Date of occurrence 2-2-1944

(c) Where did injury occur? Neosho (City or town) Newton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Attorneys Office (Specify type of place)

While at work? ..... (e) Means of injury Gun shot

23. Signature J. R. Reynolds (M. D. or other)

Address Neosho Mo Date signed 2-7-44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-2-132

MAR 6 1944

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 Carey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

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

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