DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7454

Registration District No. 136 — Primary Registration District No. 2001 — Registrar's No. 71

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 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton

(c) City or town: Neosho (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: Ruth Richardson

3. (b) If veteran, name war

3. (c) Social Security No. 488-16-3902

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Edwin Richardson

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

7. Birth date of deceased: Sept (Month) 18 (Day) 1909 (Year)

8. AGE: Years 34 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace: Little Rock (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: J. A. Carlock
13. Birthplace: Huntsville (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name: Tennie Foster
15. Birthplace: (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Mrs Earl Smith

(b) Address: Tulsa Okla.

17. (a) Neosho Mo (Burial, cremation, or removal) (b) Date thereof: 2-4-44 (Month) (Day) (Year)

(c) Place: burial or cremation: I.O.O.F. Cemetery

18. (a) Signature of funeral director: J. A. Bigham

(b) Address: Neosho Missouri

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 4 year 1944 hour 9 minute 25 p M.

21. I hereby certify that I attended the deceased from Feby 2, 1944, to Feby 4, 1944 that I last saw her alive on Feby 4, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema — Duration: 2 Days

Due to: Gun Shot Wound Penetrating from Right Shoulder

Due to: Coma Right Cobey Thyroid — 2 Days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

166

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): homicide

(b) Date of occurrence: Feby 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? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature: [signature] (M. D. or other)

Address: Joplin Missouri Date signed 2/7/44

(Licensed Embalmer's Statement on Reverse Side)

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USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-2-133

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.....

Licensed Embalmer No. 2689

P. O. Address. Newaukum

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

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