

No. 2
-13-40
17-39
X23159

FILED APR 7 1944

Registration District No. _____

Primary Registration District No. 5836

Registrar's No. 27

1. PLACE OF DEATH: Newton

(a) County _____

(b) City or town. Rural Neosho R4
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community. 3 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED: 73

(a) State Missouri (b) County Newton

(c) City or town. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Neosho, Mo. R#4
(If rural, give location) _____

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

3. (a) PRINT FULL NAME Susie Russell Richardson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1944 hour 9 minute 1 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife C. O. Richardson 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 28 1886
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the _____ day and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>7</u>	<u>20</u>	hr. _____ min.

Due to _____

Due to _____

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

92d

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

10. Usual occupation Housewife

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name James Lunderman

{ 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Graham

{ 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant C. O. Richardson

(b) Address Neosho, Mo. R#4

17. (a) Burial (b) Date thereof 3 / 23 / 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellrest (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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Wm Morris Bigham

(b) Address Wheaton, Mo.

19. (a) 3-23-1944 (b) Carley Thompson
(Date received local registrar) (Registrar's signature)

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

Address Neosho Mo Date signed 3-22-44

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

73
0
0

RECEIVED 4/5/44
District Health Officer No. _____
District File Number 444-64
Date Filed 4/6/44

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 Wm. Morris Pogue
Licensed Embalmer No. B. 442
P. O. Address Wheaton, 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.