DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15097

FILED APR 26 1944

Registration District No. 1944 — Primary Registration District No. 658 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Rural - Vineyard Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~Larussell~~, Missouri / (If not in hospital or institution, write street number or location)

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

In this community 16 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAWRENCE

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME JAMES B. RICHARDSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie B. Campbell

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December (Month) 14, (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
50	3	8	hr. min.

9. Birthplace Lead Hill, (City, town, or county) Ark. / (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Lee Richardson
13. Birthplace X (City, town, or county) Ark. / (State or foreign country)

MOTHER
14. Maiden name Nannie Hill
15. Birthplace X (City, town, or county) Ark. / (State or foreign country)

16. (a) Informant Mrs. James B. Richardson

(b) Address Larussell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-44 (Month) (Day) (Year)

(c) Place: burial or cremation Harvey Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) 3-28-44 (Date received local registrar) (b) Anna Whitney (Registrar's signature)

1182

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22, year 1944 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 18, 1944, to Mar. 21, 1944 that I last saw him alive on Mar. 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure; — Duration years

Due to Chronic myocarditis amusia anasrca

Due to very severe jaundice representing hepatitis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Kenneth Stone (M. D. or other) M.D.

Address Nat. Vernon, Mo. Date signed 4/24/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 444-501
Date Filed APR 18 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. 2222

P. O. Address.....

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.