V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

25427

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 229

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

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

(d) Street No. Route 1 (rural) (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alberta Frances Richardson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harvey Richardson

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased November 17, 1918 (Month) (Day) (Year)

8. AGE: Years 25 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Alonzo Cramer
13. Birthplace Morgan County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bertha Crawford
15. Birthplace unknown, Washington (City, town, or county) (State or foreign country)

16. (a) Informant Goldie Richards (sister)

(b) Address Rt. 1, Sweet Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/44 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address Sedalia, Missouri

19. (a) 7/8/44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1944 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from July 3 1944 to July 6 1944 that I last saw her alive on July 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic condition of lungs

Due to Acute Nephritis

Due to Recent miss carriage of 2 or 3 months together

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.

141 C

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 E. Mitchell (M. D. or other) M.D.

Address Sedalia Date signed July 8 44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Officer No. 8/
[illegible] File Number
Date Filed 8-4-77

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia

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.