

V. S. No. 2
DOM-2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10550

State File No. _____

FILED APR 12 1945
315

Registration District No. _____

Primary Registration District No. 6067

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town El Dorado Springs (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Spec death
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Most of Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town El Dorado Springs (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 _____

3. (a) PRINT

FULL NAME Mary M. Richardson

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

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

6. (b) Name of husband or wife John L. Richardson 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 9 (Month) (Day) (Year)

8. AGE: 68 Years 9 Months 23 Days If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name George Schwenck

13. Birthplace Unknown (State or foreign country)

14. Maiden name Anna Snyder (State or foreign country)

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

16. (a) Informant John L. Richardson

(b) Address El Dorado Springs Mo

17. (a) Burial (b) Date thereof 4-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada Cemetery

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

(b) Address Osceola Missouri

19. (a) April 7, 1945 (b) A. B. Goodrich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1945 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on Feb _____, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy NO

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Richardson (M. D. or other) _____

Address 9iffin NW Date signed 4-7-45

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

003

1100

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

City Health Officer No. 71

District Number 3-40-334

Date Filed 4-11-40

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 *Paul Finestone*

Licensed Embalmer No. *3990*

P. O. Address *Oscoda 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.