S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28180

State File No.

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 95

1. PLACE OF DEATH
(a) County Phelps
(b) City or town Rolla (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Nelle McFarland Memorial Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hrs. (Specify whether years, months or days)
In this community 9 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries 63
(c) City or town Safe. (If outside city or town limits, write "RURAL") 0
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Caroline Richardson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Raymond
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 6, (Day) 1888 (Year)
8. AGE: Years 56 ~~54~~ Months 10 Days 25 If less than one day hr. min.
9. Birthplace Owensville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Jack Richardson
13. Birthplace Owensville (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Anna Dale
15. Birthplace Owensville (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Raymond Richardson.
(b) Address St James Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Dillon Cem
18. (a) Signature of funeral director Lyle Lickliter
(b) Address St James Mo
19. (a) Aug. 7, 1945 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1945 hour 07 minute 05 P M.
21. I hereby certify that I attended the deceased from July 31, 1945, to July 31, 1945 that I last saw him alive on July 31, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic convulsions	
Due to Chronic nephritis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] (M. D. or other)
Address Rolla, Mo. Date signed 8-1-45

140

(Licensed Embalmer's Statement on Reverse Side)

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 Me, Registered Apprentice No. ....., working under my personal supervision.

Signed Orell E Licklicker

Licensed Embalmer No. 3546

P. O. Address St James 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.