

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED JAN 14 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40374**
Registrar's No. **2019**

Registration District No. **2** Primary Registration District No. **4009**

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

1. PLACE OF DEATH:
 (a) County **Andrew**
 (b) City or town **SAVANNAH**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **60 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Andrew**
 (c) City or town **Savannah mo**
 (If outside city or town limits, write "RURAL")
 (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 **Andrew Richardson**
 3. (b) If veteran, name war **-**
 3. (c) Social Security No. **-**

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **W**
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **June 5- 1895**
 (Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **-**
 If less than one day hr. min.

9. Birthplace **Harrison Co Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Wood Choper**

11. Industry or business

MOTHER FATHER

12. Name **un known**
13. Birthplace **un known** **9**
 (City, town, or county) (State or foreign country)
14. Maiden name **un known**
15. Birthplace **un known** **9**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sylvia Richardson**
 (b) Address **Savannah mo**

17. (a) **B.** (b) Date thereof **12-7-45**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Savannah mo**

18. (a) Signature of funeral director **E. C. Breit**
 (b) Address **Savannah mo**

19. (a) **12-7-45** (b) **Sullivan**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **5**
 year **1945** hour **6** minute **AM**

21. I hereby certify that I attended the deceased from **12/5/45** 19...
 that I last saw him alive on **12/5/45** 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **11 Day**
 Due to **Arteriosclerosis**
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **(30)**
 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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **Jefford L. Hedley** M.D. or other **2**
 Address **Savannah mo** Date signed **12/6/45**

RECEIVED
District Health Officer No. 111
District File Number
Date Filed

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 E. C. Breit
Licensed Embalmer No. 2658
P. O. Address Sacramento

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.