

FILED FEB 8 1946

Registration District No. 28

Primary Registration District No. 3006

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:  
205 Bryan St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution  
83 yrs. 8 mo. 1 da. (Specify whether years, months or days)

In this community 83 yrs. 8 mo. 1 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 205 Bryan St. 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLEY RICHARDSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1-12 to 1-17-1946  
that I last saw him alive on 1-12 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hattie Richardson 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased 5-16-1862  
(Month) (Day) (Year)

Immediate cause of death Cancer, Prostate Duration 4 yrs

8. AGE: Years 83 Months 8 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cain - Hunt  
(Include pregnancy within 3 months of death)

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

10. Usual occupation none

Major findings: Of operations Cancer Of autopsy Cancer

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Frank Richardson

13. Birthplace Boone Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

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? No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. P. Deason (M. D. or other) M.D.  
Address Columbia, Mo. Date signed 1-27-46

16. (a) Informant Joseph Richardson  
(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 1-21-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Bridge Mo.

18. (a) Signature of funeral director Stewart O. Carter  
(b) Address Columbia Missouri

19. (a) 1-24-46 (b) Mrs. R. E. Palmer  
(Date received local registrar) (Registrar's signature)

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

072

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 2-9-46

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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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.**