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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

State File No. 2424

Registration District No. 60 Primary Registration District No. 4106 Registrar's No. 8

1. PLACE OF DEATH:

(a) County CEDAR

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

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

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

In this community 22 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CEDAR 20

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

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

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

If yes, name country

3. (a) PRINT FULL NAME AMOS RICHARDSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ ✓

6. (b) Name of husband or wife

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

7. Birth date of deceased NOV (Month) 19 (Day) 1859 (Year)

8. AGE: Years 86 Months Days 25 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business SAME

FATHER
12. Name MARION RICHARDSON
13. Birthplace (City, town, or county) Not Known (State or foreign country)

MOTHER
14. Maiden name ~~[illegible]~~ Christmas
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant Mrs. Alta Wolf

(b) Address Jerico Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-45 (Month) (Day) (Year)

(c) Place: burial or cremation Jerico Spg Mo

18. (a) Signature of funeral director O P Mitchell

(b) Address JERICO SPES Mo

19. (a) 12-18-45 (Date received local registrar) (b) Maida M. Ellis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 14 Th year 1945 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from 12-6, 1945 to 12-14, 1945; that I last saw him alive on 12-14, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis & nephritis	
Due to Chronic Rheumatic Cardiac	
Due to	
Other conditions Several Skin Cancers (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 53

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 G B Bannister (M. D. ~~or other~~)

Address Jerico Spring Mo Date signed 12-18-45

(Licensed Embalmer's Statement on Reverse Side)

12-43--1380
1-16-48

Date filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by Not Embalmed, Registered Apprentice No., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1908.

P. O. Address Jerico Springs 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.