

FILED APR 12 1946

Registration District No. **50**

Primary Registration District No. **4071**

Registrar's No. **15**

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

1. PLACE OF DEATH:

(a) County **Camden**
(b) City or town **Camdenton**
(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 **40 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CAMDEN**
(c) City or town **CAMDENTON**
(If outside city or town limits, write "RURAL")
(d) Street No. **15**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **MARYANN GUSTEMIER RICHARDSON**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **Widow**
6. (b) Name of husband or wife **ROBIN RICHARDSON** 6. (c) Age of husband or wife if alive **30** years
7. Birth date of deceased **SEPTEMBER 30 1860**
(Month) (Day) (Year)

8. AGE: Years **85** Months **4** Days **21** If less than one day hr. min.

9. Birthplace **GRAVOIS MILLS, MORGAN MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **HANERICH GUSTEMIER**
13. Birthplace **GERMANY**
14. Maiden name **MALINDA WILSON**
15. Birthplace **unknown**

16. (a) Informant **MRS. BILLY PERCIVAL**
(b) Address **CAMDENTON MISSOURI**

17. (a) **Burial** (b) Date thereof **Mar 5 1946**
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation **Home Cemetery, Camdenton, Mo.**

18. (a) Signature of funeral director **Joseph J. ...**
(b) Address **St. ...**

19. (a) **3-13-1946** (b) **J. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February**, day **21**, year **1946**, hour **10**, minute **45** P.M.
21. I hereby certify that I attended the deceased from **March 10 1944** to **2-2 1946**
that I last saw him alive on **2-2 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure**
Duration **Chronic**

Due to **infirmit of old age**

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **p 62-8**

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)
Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (Specify type of place) (c) Means of injury **2**

23. Signature **A. D. ...** (M, D, or other)
Address **Camdenton Mo** Date signed **3-4-46**

RECEIVED

LICENSING BOARD - DISTRICT NO. 7,
DEPT. OF HEALTH - 3-46-291
Date Recd - 4-5-46

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.....

This body was not embalmed
working under my personal supervision.

Registered Apprentice No.....

Signed.....
[Signature]

Licensed Embalmer No.....

P. O. Address.....

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.