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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30560

FILED SEP 17 1946

State File No.

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 286

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution On Arrival (Specify whether
In this community 11 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 9815 East 22nd. st. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country - - - -

3. (a) PRINT FULL NAME PAUL DENNIS RICHERSON

3. (b) If veteran, name war None

3. (c) Social Security No. None.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May (Month) 28, (Day) 1946 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	2	20	- hr. - min.

9. Birthplace Independence, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business None

FATHER
12. Name Albert W. Richerson 1
13. Birthplace Cliburne (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Virginia Fulton
15. Birthplace Gallatan (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Albert W. Richerson
(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 20, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri

19. (a) 8-30-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 18
year 1946 hour 0 minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Circulatory Failure

Due to Cause unknown.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 158

Of autopsy See Above

Duration

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? Means of injury 0

23. Signature A. E. Usher (M. D. Coroner) MD

Address 6800 Main Date signed 8/19/46

35 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Raymond M Martin

Licensed Embalmer No. 4150

P. O. Address Indep. 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.