S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31014

Registration District No. 228 Primary Registration District No. 5808 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Liege
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 3Yrs 6 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Liege Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Franklin Richardson.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex White O
5. Color or race Male
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Richardson
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased 4 (Month) 5 (Day) 1859 (Year)
8. AGE: Years 87 Months 5 Days 16 If less than one day hr. min.
9. Birthplace Columbiana Co Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business General duties
MOTHER FATHER
12. Name Harrison Richardson
13. Birthplace West Virginia (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Randolph
15. Birthplace Pensylvania. (City, town, or county) (State or foreign country)
16. (a) Informant Katherine Richardson
(b) Address Liege Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton Mo.
18. (a) Signature of funeral director Claud A Jones
(b) Address Bellflower Mo.
19. (a) Sept 26-46 (Date received local registrar) (b) Mrs May Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1946 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3-26-44, 19..., to 9-21-46, 19...; that I last saw him alive on 9-21-46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilatation of the heart	2 wk.
Due to: Generalized edema	6 mo.
Due to: Chronic myocarditis	15 yr.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93D	
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? (Specify type of place) While at work? (e) Means of injury

23. Signature A H Van Ausdale (M. D. or other) DO
Address Montgomery City, Mo. Date signed 9-25-46

206 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 2-46-189
Date Filed 2-20-46

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

Me, Registered Apprentice No.

working under my personal supervision.

Signed Oland A. Jones

Licensed Embalmer No. 2078

P. O. Address Bellflower, 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.