S. No. 2
M—2.43
. 5-17-39
X35697

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

34854

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36072

Registration District No. 38 | Primary Registration District No. 3006 | Registrar's No. 266

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: 410 Lyons St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community about 59 yrs (Specify whether years, months or days)

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.: 410 Lyons St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: IDA RICHARDSON
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Elijah Richardson
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: About 1887 (Month) (Day) (Year)

8. AGE: Years: about 59 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace: Boone Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: at home
11. Industry or business ____
FATHER
12. Name: Alex Gray
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Eula Moore
(b) Address: Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-7-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Stuart P. Parker
(b) Address: Columbia Missouri
19. (a) 11-4-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3 year 1946 hour 10 20 minute ____ A.M.
21. I hereby certify that I attended the deceased from 6 30, 1944, to 10/28, 1946 that I last saw her alive on 10/28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic Regurgitation — Duration: Unknown
Due to ____
Due to ____
Other conditions: Carcinoma of Breast
(Include pregnancy within 3 months of death)
General Edema
Major findings:
Of operations ____
Of autopsy 50

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: L S Daugherty (M. D. or other) M.D.
Address: 500 Park, Columbia Date signed 11/18/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/13/46

OCT 22 1950

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.