

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4410
State File No. _____
Registrar's No. 6

Registration District No. _____ Primary Registration District No. 5325

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Russell Point
(c) Name of hospital or institution _____
(If outside city or town limits, write "RURAL," and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community all her life (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Grace Marie Richardson
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 29th
year 1947 hour 7 minute 0 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W 21
6. (b) Name of husband or wife Geo Richardson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3-24-1890
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death was Killed Duration _____
To death in home
that was destroyed by
Cyclone, + fire

8. AGE: Years 57 Months 10 Days 26 If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Crawford Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Hausweife

11. Industry or business _____

12. Name Bill Terry

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Rose Davis (State or foreign country)

15. Birthplace Crawford Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Richardson

(b) Address Stellville Mo

17. (a) _____ (b) Date thereof 1-24-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherryvalley cemetery

18. (a) Signature of funeral director R. J. Jones & Son

(b) Address Stellville Mo

19. (a) 2-7-47 (b) _____
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Henry M Jones (M. D. or other)
Address Stellville Mo Date signed 1/30-47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

Order No. 5,

~~247-7-4~~

2-18-47

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 L. J. Jones

No Embalming

Registered Apprentice No.

working under my personal supervision.

Signed L. J. Jones

Licensed Embalmer No. 2379

P. O. Address Steuville 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.