

No. 2-45  
7-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 16 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**17846**

State File No. \_\_\_\_\_

Registration District No. 155

Primary Registration District No. 3.1.27

Registrar's No. 69

**1. PLACE OF DEATH:**

(a) County Jasper  
(b) City or town Webb City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
IO4 South Ball /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 yrs (Specify whether years, months or days)  
In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper **49**  
(c) City or town Webb City **6**  
(If outside city or town limits, write "RURAL")  
(d) Street No. IO4 South Ball **2**  
(If rural, give location) **0**  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ruth Nadene Richardson

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ray Richardson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 30 1905  
(Month) (Day) (Year)

8. AGE: Years 41 Months 5 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wm. M. Myers **4**

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

14. Maiden name Mary L. Payne

15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Ray Richardson (husband)

(b) Address IO4 South Ball Webb City Mo

17. (a) Burial (b) Date thereof 5/5/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Missouri

19. (a) MAY 31 1947 (b) R. E. Duke  
(Date received local registrar) (Registrar's signature) **27**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 2  
year 1947 hour I minute 30 AM.

21. I hereby certify that I attended the deceased from April 9  
1947 to 47 May 2 1947  
that I last saw her alive on May 1 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary valvular heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 15 ml

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? **0**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. M. Stormonds (M.D. or other)

Address Webb City Mo Date signed 5/2/47

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

47-4-402

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**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

*C. W. Neale*

Licensed Embalmer No.

*2859*

P. O. Address

*Rehoboth City, 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.**