

FILED NOV 13 1947

Registration District No. 132

Primary Registration District No. 5499

Registrar's No. 5

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

1. PLACE OF DEATH:
 (a) County Harrison
 (b) City or town Rural-Lincoln township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Hatfield
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County Harrison 41
 (c) City or town Rural-Lincoln Township 0
(If outside city or town limits, write "RURAL")
 (d) Street No. Hatfield 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 13
 year 1947 hour 6 minute 30 P.M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Elizabeth
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 22 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7 1947 to Sept-13 1947
 that I last saw him alive on Sept-12 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 4 Days 21
 If less than one day
 hr. _____ min. _____

Immediate cause of death
arteriosclerosis of heart
 Due to _____
 Due to _____

9. Birthplace Ringgold Co., Iowa
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation farming
 11. Industry or business _____
 12. Name William Richardson
 13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Ellen Bradley
 15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

Major findings:
 Of operations 92B
 Of autopsy no
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Glenn Richardson
 (b) Address Hatfield, Mo.
 17. (a) Burial (b) Date thereof 9-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lotts Grove Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) r
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Arch C. Dunfee
 (b) Address Grant City, Mo.
 19. (a) 11-1-47 (b) Phas Adair
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Dr. Ross MD (M: D. or other) _____
 Address Grant City, Mo Date signed Sept-10-47

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.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

John C. Dumble

Licensed Embalmer No.....

32572

P. O. Address.....

Grant 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.