S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41269

FILED JAN 12 1948

Registration District No. 98

Primary Registration District No. 5370

Registrar's No. 129

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

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Daviess County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess 31
(c) City or town Coffey 0
(If outside city or town limits, write "RURAL")
(d) Street No. Coffey Hotel 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Hugh Lawson Richardson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 20 (Day) 1874 (Year)

8. AGE: Years 73 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business Retired
FATHER
12. Name Robert Richardson
13. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Permelia Egbert
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1
16. (a) Informant D. O. Richardson
(b) Address Gallatin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cemetery
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri
12-6-1947 19. (a) [illegible] (Date received local registrar) (b) Virginia M. Engelhart (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1947 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 20, 1947, 19, to Nov. 21 1947 that I last saw him alive on Nov. 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 5 yrs.
Due to Chronic Glomerulo Nephritis 5 yrs.
Due to Cardiovascular Degeneration 4
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
131

PHYSICIAN
Underline the cause of 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 2

23. Signature Lloyd E. Nelson (M. D. or other)
Address Gallatin, Mo. Date signed 11-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 L. O. Dickman

Licensed Embalmer No. 3307

P. O. Address Gallatin. 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.