

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42278**
Registrar's No. **26**

FILED DEC 22 1947

Registration District No. **182**

Primary Registration District No. **5679**

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

1. PLACE OF DEATH:

(a) County **Linn**
(b) City or town **Baker Twp., rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **89 years** (years, months or days)

3. (a) PRINT FULL NAME **Fred Richardson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Bell McCollum** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 17, 1858**
(Month) (Day) (Year)

8. AGE: Years **89** Months **0** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Linn County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Fountain Richardson**

13. Birthplace **Linn Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Nester**

15. Birthplace **Linn County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sarah Jacobs**

(b) Address **New Boston, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 16, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nester Chapel Cemetery**

18. (a) Signature of funeral director **Harold B. Wright**

(b) Address **Brookfield, Mo.**

19. (a) **Dec 13-47** (b) **Mrs. Berdie Kelley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**
(c) City or town **New Boston, Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **6 Mi. West**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **8**
year **1947** hour **11** minute **45** p. M.

21. I hereby certify that I attended the deceased from **Dec. 3**, 19**47** to **Dec 8**, 19**47**;
that I last saw him alive on **Dec 3**, 19**47**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage.**

Due to _____

Due to _____

Other conditions **83A**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external cause, 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? **2**

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

23. Signature **Dr. W. H. Payne** (M.D. number) **DD**

Address **Purdin, Mo.** Date signed **Dec 11-47**

DISTRICT HEALTH OFFICE
Cameron, Mo.

JAN 7 1948

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..... *Harold B. Wright*
Licensed Embalmer No. *3218*
P. O. Address..... *Brookfield, 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.