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U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 26 1947

Registration District No. 257

Primary Registration District No. 3048

Registrar's No. 274

1. PLACE OF DEATH:

(a) County Madawasky

(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gretna

(c) City or town Stamberg Mo. 64758
(If outside city or town limits, write "RURAL")

(d) Street No. 714 of Stamberg + 1/4 miles
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mr. Ralph L. Richardson

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1947 hour 3 minute 15 P.M.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

(b) Name of deceased's wife Stella Richardson 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. 21 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 24 1947 to Dec. 13 1947 that I last saw him alive on December 13 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

69 9 22 hr. min.

Immediate cause of death Aspiration
Pneumonia following
Cholecystitis

Due to Chronic Cholecystitis
& Hypertrophic Cirrhosis

Due to of unknown

Other conditions (Include pregnancy within 3 months of death) 127A

9. Birthplace Stamberg, Mo. (City, town, or county) MO. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Ross Richardson

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

14. Maiden name Ellie McBride

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

Major findings: Chronic Cholecystitis
Hypertrophic Cirrhosis of liver

Of operations _____

Of autopsy _____

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

16. (a) Informant Miss Stella Richardson

(b) Address Stamberg Mo 64758

17. (a) Physician (Burial, cremation, or removal) Date thereof 12-15-47
(Month) (Day) (Year)

(c) Place: burial or cremation Stamberg, Mo.

18. (a) Signature of funeral director Victory H. Phillips

(b) Address Stamberg, Mo.

19. (a) 12-20-47 (Date received local registrar) (b) Leo F. Wallace (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 _____

23. Signature Leo F. Wallace (M. D. or other) _____

Address Stamberg, Mo. Date signed Dec 14, 47

(Licensed Embalmer's Statement on Reverse Side)

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

4
1
2

YS AUG 5 1959

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 Lester F. Phillips

Licensed Embalmer No. 1898

P. O. Address Starkburg Md

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. ,