U. S. No. 2
OM—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 19 1948

Registration District No. 1587

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1486

Primary Registration District No. 3028

Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chaney Convalsent Home 316 S. Fulton St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 weeks (Specify whether years, months or days)
In this community: 83 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 47
(c) City or town: Carthage (If outside city or town limits, write "RURAL") 0
(d) Street No.: Route 4 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: JOHN M. RICHARDSON
3. (b) If veteran, name war: ---
3. (c) Social Security No.: ----
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Laura Richardson
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: December (Month) 2 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
83	1	4	hr. min.

9. Birthplace: Jasper County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: retired farmer
11. Industry or business: ---
FATHER
12. Name: Charles Richardson
13. Birthplace: unknown (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country) 4
16. (a) Informant: Mrs. Cora Mille r 1
(b) Address: Rte 4, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Jan 8, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.
19. (a) 1-8-1948 (Date received local registrar) (b) R. B. Clinton M.D. (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 6 year: 1948 hour: 5 minute: a M.
21. I hereby certify that I attended the deceased from Dec 7, 1947, to Dec 12, 1948 that I last saw him alive on Dec 12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	3 days
Due to: Pericarditis	10 wks
Due to: Nephritis	6 mo
Other conditions (Include pregnancy within 3 months of death): Hypertension	?

Major findings:
Of operations:
Of autopsy: 0138

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) 2
While at work? (e) Means of injury:
23. Signature: Gilbert B. Wheeler M. D. or other) D.O.
Address: Carthage Mo. Date signed 1/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-1-12

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 Frank W. Kuell Jr.

Licensed Embalmer No. 4440

P. O. Address Carthage

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.