S. No. 2
M—1/47
v. 5-17-39

39
2
6

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948
Registration District No. 129

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4555
Registrar's No. 117

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107
(a) State Missouri (b) County Stoddard
(c) City or town Bloomfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Sam A. Richardson
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Richardson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10-18-1895 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	3	17	hr. min.

9. Birthplace Bloomfield, Missouri 6
(City, town, or county) (State or foreign country)
10. Usual occupation State Bank Examiner
11. Industry or business
FATHER
12. Name John H. Richardson 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dora Miller
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Helen Richardson
(b) Address St. Louis, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, Mo.
18. (a) Signature of funeral director Alma Lahmeyer
(b) Address Springfield, Mo.
19. (a) 2-7-48 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1948 hour 10 minute 25 a.M.
21. I hereby certify that I attended the deceased from 16 Jan 48 19, to 5 Feb 1948
that I last saw him alive on 5 Feb 48 19
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion.

Due to

Due to

Other conditions 94A
(Include pregnancy within 3 months of death)

Major findings:
Of operations NONE
Of autopsy NONE

Duration

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) NONE
(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? 0 ✓
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 805 Woodruff Bldg Date signed 5 Feb 48

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

MAR 3 1948

MAR 1 1948

MAR 2 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 Jewell E. Whistle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.