

S. No. 2  
A-1/47  
5-17-39

9114

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 6 1948  
Registration District No. 186

Primary Registration District No. 2301

Registrar's No. ....

119  
529  
5-17-39  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Johns Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 days (Specify whether  
 In this community 5 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 723 Wall (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Edgar E Richardson  
 3. (b) If veteran, name war..... 3. (c) Social Security No. ....  
 4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Nona 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased April 3 1877  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 15 year 1948 hour 12 minute 20 M.  
 21. I hereby certify that I attended the deceased from 3-6-48 to 3-14-48, 19.....  
 that I last saw him alive on 3-14-48, 19..... and that death occurred on the date and hour stated above.  
 Immediate cause of death Cardiac vasculor collapse Duration 28 hrs

8. AGE: Years 70 Months 11 Days 12 If less than one day  
 hr. min.

Due to Pulmonary Cancer & metastasis to vertebra and ribs & acutest spinal cord compression  
 Other conditions unknown  
 (Include pregnancy within 3 months of death)

9. Birthplace Oakland City Indiana  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired

Major findings:  
 Of operations 478  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause of which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business.....  
 12. Name Hiram Richardson  
 13. Birthplace Indiana  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Nona Richardson  
 (b) Address 723 Wall Joplin, Mo.  
 17. (a) Burial (b) Date thereof Mar. 17, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Hope Cemetery

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)  
 (e) Means of injury.....

18. (a) Signature of funeral director Thornhill-Dillon  
 (b) Address 305 W 4th Joplin, Mo.  
 19. (a) 3-16-48 (b) Dolores Dempsey  
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M, D, or other).....  
 Address Joplin, Mo. Date signed.....

APR 6 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 William M. Dungey  
Licensed Embalmer No. 3566  
P. O. Address Joplin 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.