

No. 300
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5-17-39
PI 3908

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 30 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 25994

Registrar's No. 708

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Minutes
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 30

(c) City or town Louisberg 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Georgia Jo Richeson

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August, day 24
year 1948 hour 11 minute A. M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased Sept. 26 1937
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 17, 1948, to Aug. 24, 1948,
that I last saw her alive on Aug. 24, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

10 10 28 hr. _____ min.

Duration

Respiratory Paralysis 1 hr

Due to Ant. Polio myelitis 1 wth

Due to _____

9. Birthplace Louisburg Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy zle

MOTHER FATHER

12. Name William Richeson

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

14. Maiden name Nadine Fostle

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Nadine Richeson

(b) Address Louisberg, Missouri

17. (a) Burial (b) Date thereof 8/26/48
(Burial, cremation, or removal) (Month, Day, Year)

(c) Place: burial or cremation Louisberg, Missouri

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? _____

18. (a) Signature of funeral director Herman H. Lohmeyer

(b) Address Springfield, Missouri

19. (a) 8-25-48 (b) W. Handley
(Date received local registrar) (Registrar's signature)

While at work? 7 (Specify type of place) (c) Means of injury _____

23. Signature W. Handley (M. D. or other) MD

Address Buffalo, Mo Date signed 24 Aug 48

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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 James B. Laughlin

Licensed Embalmer No. 4564

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.