

S. No. 2  
M-5-43  
5-17-39  
1 X36671

FILED SEP 17 1948

Registration District No. 200 Primary Registration District No. 5592 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: Hematite, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 65 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Mo. (b) County Jefferson

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Curtis Richardson

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24<sup>th</sup> year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single widowed, married, divorced 2

6. (b) Name of husband or wife Martha Alida

6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased: May 26 1863  
(Month) (Day) (Year)

Immediate cause of death Verdict of coroners jury

Due to Unavoidable accident

Due to \_\_\_\_\_

Other conditions 169-8  
(Include pregnancy within 3 months of death)

Major findings: 30

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

85 2 28 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business self

MOTHER FATHER { 12. Name Robert Richardson

{ 13. Birthplace Washington, Co. Mo.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Nancy Williams

{ 15. Birthplace Washington, Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna M. Schmidt

(b) Address 1827 1/2 So. 18<sup>th</sup> St. St. Louis

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

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

18. (a) Signature of funeral director J. Lee Motherhead

(b) Address Lee Sato mo.

19. (a) Aug 25, 1948 (b) Clara Belleville  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 50

(b) Date of occurrence Aug 24<sup>th</sup> 1948

(c) Where did injury occur? Off Railroad tracks  
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?  
In Hematite Mo

What work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury Hit by train

23. Signature T. P. Edwards (M. D. or other) Coroner

Address Ordor Hill Mo. Date signed 8/27/48

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed SEP 15 1948

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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 *J. E. Mothershead*  
Licensed Embalmer No. *3531*  
P. O. Address *Desoto rd.*

**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.**