No. 300
10.48

86

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

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9569

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: PUTNAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILLE
c. LENGTH OF STAY (In this place): LIFE TIME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PUTNAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILLE
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): ERMA
b. (Middle): GRACE
c. (Last): RICHARDSON

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 16 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JANUARY 23 1900
9. AGE (In years last birthday): 49 — If under 1 year: Months 0, Days 23 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK
11. BIRTHPLACE (State or foreign country): PUTNAM COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: W. A. RICHARDSON
13b. MOTHER'S MAIDEN NAME: VIOLA E TRIPLETT
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: MRS. ODA COE — ADDRESS: DWIGHT KANSAS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

151

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1947 to Feb 16, 1949, that I last saw the deceased alive on Feb 16, 1949 and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE: Thos L Judd (Degree or title) D-O
23b. ADDRESS: Unionville Mo
23c. DATE SIGNED: 2-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB. 19 1949
24c. NAME OF CEMETERY OR CREMATORY: UNIONVILLE CEMETERY
24d. LOCATION (City, town, or county) (State): UNIONVILLE MO.

DATE REC'D BY LOCAL REG.: 3-25-49
REGISTRAR'S SIGNATURE: Marvell Durbin
264
25. FUNERAL DIRECTOR'S SIGNATURE: Comstock Funeral Home By John A. Comstock
ADDRESS: UNIONVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 3.49.56
Date Filed MAR 29 1949

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 ..... Student Embalmer No. ....., working under my personal supervision.

Signed Richard P. Cassedy

Signed .....
Student Embalmer

Licensed Embalmer No. 4617

P. O. Address Union ville, Pa

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.