

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24109

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering		d. STREET ADDRESS (If rural, give location) 2147 Broadway			

3. NAME OF DECEASED (Type or Print) Francis Denny Richmond			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1949		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 8, 1857	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 11	IF UNDER 24 HOURS Days 19	IF UNDER 24 HOURS Hours 19	IF UNDER 24 HOURS Min. 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Bricklayer		11. BIRTHPLACE (State or foreign country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME Francis Richmond		13b. MOTHER'S MAIDEN NAME Mary Jane Boyd		14. NAME OF HUSBAND OR WIFE Carrie Love Richmond			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mason Morris, Hannibal Missouri				ADDRESS Hannibal Missouri	
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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						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerosis + Hypertrophy of prostate						10 yrs 5 yrs	
ANTECEDENT CAUSES	DUE TO (b)							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Senility							
DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from July 17, 1949, to July 27, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Jeff A. Dexty</i>		(Degree or title)		23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 7-29-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/29/49	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet		24d. LOCATION (City, town, or county) (State) Hannibal Missouri			
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DATE REC'D BY LOCAL REG. 8-1-49	REGISTRAR'S SIGNATURE <i>Dr. E. M. Tucker</i>		FUNERAL DIRECTOR'S SIGNATURE <i>W. C. ...</i>		ADDRESS Hannibal Missouri			
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John S. Ward

Licensed Embalmer No. 4540

Signed _____
Student Embalmer

P. O. Address Hannibal Missouri

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.