

DECD OCT 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32379

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398 ✓
 (b) Township Independence Primary Registration District No. 3019 Registered No. 259
 (c) City Independence (d) Street No. Sanitarium St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 110 Elizabeth Street - Buffalo Creek, Mo (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE Eliza F. Richardson

22. I HEREBY CERTIFY, That I attended deceased from Deyloron, 196. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1889

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:00 P.M.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 9 2

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A.
 9. Industry or business in which work was done, as saw mill, bank, etc. Labourer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset

F. Skull
Extra dural hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brick Missouri

Other contributory causes of importance:

13. NAME George C. Richardson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario Canada

Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

15. MAIDEN NAME Henrietta Blood
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Rapids Michigan

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 9-23-38
 Where did injury occur? 24th & Sterling
 (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Howard Richardson Sugar Creek, Mo.Specify whether injury occurred in industry, in home, or in public place. Public Highway18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn Cem DATE Sept 27 38

Manner of injury Automobile Transportation
 Nature of injury F. Skull & extra dural hemorrhage

19. FUNERAL DIRECTOR (ADDRESS) George C. Carson Independence Mo.24. Was disease or injury in any way related to occupation of deceased? no20. FILED Sept 27 1938 J. L. Cook Local Registrar.(Signed) Wm. Deyloron, M. D.(Address) 311 Elizabeth Street

210m
98

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)

FILL IN ANSWERS TO ALL SPACES,
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Independence Primary Registration District No. 3019
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 259

2. PRINT FULL NAME

(a) Residence, No. George Henry Richardson St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 9 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1958

22. I HEREBY CERTIFY, That I attended deceased from 19.. to .., 19..

I last saw h..... alive on .., 19.. Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull 1:10 PM Date of onset

Septic Hemorrhage

Other contributory causes of importance:

Collision with another car

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19..

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto-traffic accident
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) E. J. Comboy, M. D.
 (Address) Independence Mo

Local Registrar.

SUPPLEMENT

RECORDS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of occupation is very important.

S-32379