

DEC'D FEB 27 1939

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

3592

Do not use this space.

## 1. PLACE OF DEATH

(a) County Putnam Registration District No. 918  
 (b) Township Union Primary Registration District No. 5-947 Registered No. 5-  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (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

263 Joe Ellen Richardson  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13-1931  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 1 29  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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) Putnam Co Mo  
 FATHER 13. NAME Guy Richardson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo  
 MOTHER 15. MAIDEN NAME Velma Hland  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo  
 17. INFORMANT (ADDRESS) Guy Richardson Unionville, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE Jan 13 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Amoth Mear Co Unionville Mo  
 20. FILED Jan 17 1939 J. W. Allen Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1939  
 22. I HEREBY CERTIFY That I attended deceased from Jan 3 1939 to Jan 12 1939  
 First saw him alive on Jan 12 1939 Death is said to have occurred on the date stated above, at 5:10 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumo-pneumonia  
 Date of onset Jan 10 1939  
 Other contributory causes of importance: HN  
Dyspnea  
 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. W. Allen M. D.  
 (Address) Unionville Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-158

Date Filed FEB 7 1939

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

Licensed Embalmer No.

P. O. Address

**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, above space should be left blank.**