

Registration District No. 104Primary Registration District No. 5153Registrar's No. 554

1. PLACE OF DEATH:

- (a) County Callaway
 (b) City or town Rural - Fulton Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community four years
years, months or days)3. (a) PRINT FULL NAME George Richardson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex
- m
5. Color or race
- w
6. (a) Single, widowed, married, divorced
- widow

6. (b) Name of husband or wife
- Ana Richardson
6. (c) Age of husband or wife if alive
- 86 1/2
- years

7. Birth date of deceased Feb Mar 22 11-1940
(Month) (Day) (Year)8. AGE: Years 75 Months 11 Days 11 If less than one day _____ hr. _____ min.9. Birthplace Salisbury, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business

- MOTHER FATHER
 12. Name Norwood H. Richardson
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Clark
 15. Birthplace W.C. 4
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Georgia Richardson(b) Address Fulton, Missouri17. (a) Burial (b) Date thereof Feb 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Salisbury, Missouri18. (a) Signature of funeral director Geo. H. Wallace(b) Address Fulton, Missouri19. (a) Feb 24 1940 (b) R. N. Creve-111
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Callaway
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1/2 mile N. of Fulton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd.
year 1940 hour 8-30 minute _____ P. M.21. I hereby certify that I attended the deceased from Feb. 19, 1940, to Feb. 22 nd. 1940;
that I last saw him alive on Feb. 22nd. 1940, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration 4 daysDue to Arteriosclerosis, Hypertention.Due to § 211Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy No autopsy.

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

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

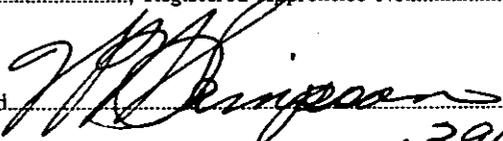
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Greene D. Moore (M.D. or other) 1
Address Fulton Mo. Date signed 2/23/40

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. 3965.....

P. O. Address. Sultan, Mo......

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.