

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2193**
Registrar's No. **55**

Registration District No. **165**

Primary Registration District No. **5230**

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Stockton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Sarah E. Richardson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife James Richardson 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased Jan. 11, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>11</u>	<u>28</u>	hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Dennison

13. Birthplace Junknow
(City, town, or county) (State or foreign country)

14. Maiden name Miller

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant S. G. Watson
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 1-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Teledo Cemetary, Ks.

18. (a) Signature of funeral director W. C. Blair & Co.
(b) Address Stockton, Missouri

19. (a) Jan 20, 1941 (b) Mrs. Minnie Carleton
(Date received local registrar) (Registrar's signature)

1941 MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1939
_____ 19____ to Jan 8, 1941
that I last saw h. w. alive on Jan 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema Duration 3 hrs

Due to Tuberculous Heart ?
Disease of
Due to myocardite .

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

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

23. Signature James H. Shurt (M. D. certificate) WMO
Address Stockton Mo Date signed 1-9-41

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No. 3372

P. O. Address Stockton 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.