

JAN 21 1941

Registration District No. 605

Primary Registration District No. 4359

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Tallopooza, Mo.
(c) Name of hospital or institution Rural (Country)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Tallopooza, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Carl Eugene Richardson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 27 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 9 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____
12. Name Wm. Richardson
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
14. Maiden name Lucy Cole
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Richardson
(b) Address Tallopooza

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Laudes Funeral Home
(b) Address Campbell, Missouri

19. (a) 1-2-40 (Date received local registrar) (b) B. Glowacki (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1940 hour 3:40 pm minute _____ M.

21. I hereby certify that I attended the deceased from 12-29, 1940, to 1-2, 1941; that I last saw him alive on 1-1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of 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? 534

(Specify type of place) _____ (e) Means of injury _____

23. Signature W. D. Davis (M. D. or other) _____
Address Malden Mo Date signed 1/2/41

Duration
12/29/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office

District File Number 41-

Date Filed 1/9/44

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, fact should be so stated above.