

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1942
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____ Primary Registration District No. 2595360A Registrar's No. 5

1. PLACE OF DEATH:
(a) County De Kalb
(b) City or town Washington TWP.
(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 _____ (Specify whether)
In this community Two months
years, months or days

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County Marshall
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 5 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William M Carroll Richerson
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 13
year 1942 hour 6 minute 10 P.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosy Nell Richerson 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb 19 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 2, 1942, to March 13, 1942, that I last saw him alive on March 13, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 0 Days 24 If less than one day hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage Duration Mar 10-42

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

Due to Arteriosclerosis ?

10. Usual occupation Retired Railroad

Due to _____

11. Industry or business _____
12. Name James Wade Richerson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Rena Buggala
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 430 Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Rosy Richerson
(b) Address Wassillon Kans.
17. (a) Removal (b) Date thereof 3-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wassillon Kans.
18. (a) Signature of funeral director F. J. Lyon
(b) Address Stewartville Mo.
19. (a) 3-14-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 Gladys Patten (M.D. or other) [Signature]
Address Stewartville Mo Date signed 3-14-42

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

MAY 12 1948

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.....

Daniel R. Lyon

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, 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, fact should be so stated above.