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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. E. E. Glenn

State File No. 10818

FILED APR 3 1942

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 186

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 753 E. Walnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 753 E. Walnut 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dorothy Richardson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased January (Month) 20 (Day) 1917 (Year)

8. AGE: Years 25 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Art Student

11. Industry or business

FATHER
12. Name Bert E. Richardson
13. Birthplace Avilla (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Anna Routt
15. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Elizabeth Richardson Missouri
(b) Address Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 3-9-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature) 9-4-42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1942 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 11-14 1936, to March 7 1942
that I last saw her alive on March 7 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	
Due to Auricular Fibrillation	5-½ yrs
Mitral Stenosis	6 yrs +
Due to Rheumatic Heart disease	10 yrs +
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95 b

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

23. Signature E. E. Glenn (M. D. or other)
Address Springfield, Mo. Date signed 3/9/42

(Licensed Embalmer's Statement on Reverse Side)

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 L. Dodson Gomer

Licensed Embalmer No. 3177

P. O. Address Springfield 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.