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 X26390

14932

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 95

FILED MAY 25 1942  
 347

Primary Registration District No. 3029

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

**1. PLACE OF DEATH:**

(a) County Marion

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

(c) Name of hospital or institution: 304 North Main  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion

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

(d) Street No. 304 North Main  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William Johnson Richardson

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 5  
 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

Immediate cause of death Found dead about 1:30 P.M.

| 8. AGE: | Years           | Months | Days | If less than one day |
|---------|-----------------|--------|------|----------------------|
|         | <u>About 77</u> |        |      | hr. _____ min. _____ |

Due to Cardiac Insufficiency  
Senility

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

Due to \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: 950  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant \_\_\_\_\_  
 (b) Address \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 4/5/42

(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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 4/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

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

18. (a) Signature of funeral director  Crawford Smith  
 (b) Address 902 Broadway Hannibal

19. (a) 4-9-42 (b) Robt. W. Connor  
(Date received local registrar) (Registrar's signature)

23. Signature Crawford Smith Coroner 3  
 Address 902 Broadway Hannibal Date signed 4/6/42

1446

(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.....

*Crawford Smith*

Licensed Embalmer No. *3814*

P. O. Address *Hannibal, 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.**