. No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18090

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 378

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burgs. Hosp 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County G Reene 39

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

(d) Street No. 7I6 Garfield
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years. 0

3. (a) PRINT FULL NAME Andrew Jackson Richards

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Aug. (Month) 22 (Day) 1861 (Year)

8. AGE: Years 80 ✓ Months 8 Days 21 If less than one day hr. min.

9. Birthplace Effingham (City, town, or county) ILL (State or foreign country) /

10. Usual occupation Retired Farmer

11. Industry or business Farming

FATHER
12. Name David R ichards
13. Birthplace Unknown (City, town, or county) Ind (State or foreign country) /

MOTHER
14. Maiden name Rebecca. Groves
15. Birthplace Unknown (City, town, or county) Ind (State or foreign country) /

16. (a) Informant "Mrs. Elvona. Viles"

(b) Address rt I. Rapublic. mO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 17 th (Day) 42 (Year)

(c) Place: burial or cremation Halltown. MO

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address S pringfield Mo

19. (a) 5-18-42 (Date received local registrar) (b) Dr W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day I3 year 1942 hour 1030 minute p M.

21. I hereby certify that I attended the deceased from May 3rd, ~~1942~~, 1942, to May 13, 1942 that I last saw him alive on May 13, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gas Infection following Amputation of gangrenous left foot.	
Due to Thrombo-Angiitis Obliterans	2 mon.
Due to Generalized Arteriosclerosis Myocarditis	24 C
Other conditions (Include pregnancy within 3 months of death) Mid thigh Amputation of leg (left).	
Major findings: Of operations Culture showed Aerogenes Capsulatis Welchii	
Of autopsy No	

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) No

(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 0

23. Signature J. Newton Wakeman (M. D. or other)

Address Springfield, Mo Date signed 5-15-42

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(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 Lawrence T. Hall

Licensed Embalmer No. 2704

P. O. Address Springfield, Mass.

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.