

FILED APR 8 1944

Registration District No. 256

Primary Registration District No. 5818

1. PLACE OF DEATH

(a) County Morgan (MORGAN) (rural)

(b) City or town Morgan (MORGAN) (rural)

(c) Name of hospital or institution: \_\_\_\_\_

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Morgan (MORGAN) (rural)

(c) City or town Morgan (MORGAN) (rural)

(d) Street No. 1 1/2 MILES SOUTH OF FORTUNA (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HAROLD EUGENE RICHARDSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1944 hour 7:30 minute 6 M.

21. I hereby certify that I attended the deceased from birth 10-14-43, 19, to 3-14-44, 19; that I last saw him alive on 3-15-44, 19; and that death occurred on the date and hour stated above.

4. Sex W Color of hair W 5. Color of eyes W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Oct 14 1943 (Month) (Day) (Year)

Immediate cause of death: Spasms

Due to: Gastro intestinal upset

Duration: 2 hrs.

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

8. AGE: Years 5 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Babe.

Major findings: g6

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name Richard Roy Richardson

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

14. Maiden name Betty Alma Collins

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

16. (a) Informant P. R. D. Chandler

(b) Address Fortuna Mo.

17. (a) Burial (b) Date thereof 3-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Albionville Auburn

18. (a) Signature of funeral director H. S. Caldwell

(b) Address Versailles Mo.

19. (a) 3-16-1944 (Date received local registrar)

(b) Roy Berchtesseer (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 H. P. Sevier (M. D. or other)

Address Fortuna Mo. Date signed 3-15-44

1029

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

RECEIVED

District Health Officer No. 7,

District No. Number 3-44-456

Date Filed 4-7-44

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

*J. F. Kendrick*

Licensed Embalmer No.

1596

P. O. Address

Wesleyville 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.