

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30947

FILED OCT 10 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 775

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: CITY HOSPITAL
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME J WELDON RICHARDSON3. (b) If veteran name war UNK. 3. (c) Social Security No. UNK.

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife CORDIA RICHARDSON 6. (c) Age of husband or wife if alive UNK. years
 7. Birth date of deceased NOV. 28, 1882
 (Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 28 If less than one day
 hr. min.9. Birthplace CAVE SPRINGS MO
 (City, town, or county) (State or foreign country)10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER { 12. Name HARRY RICHARDSON
 13. Birthplace (UNKNOWN) UNK.
 (City, town, or county) (State or foreign country)
 14. Maiden name UNK.
 15. Birthplace UNK. UNK.
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS CORDIA RICHARDSON
 (b) Address 911 ST. LOUIS ST. Spfld17. (a) BURIAL (b) Date thereof 9-25-44
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CAVE SPRINGS CEMETERY18. (a) Signature of funeral director Hubert V. Smith(b) Address 702 N. Jefferson, Spfld19. (a) 9-25-44 (b) H. V. Smith
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 911 St. Louis St.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country UNK.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22
 year 1944 hour 1 minute 15 A.M.21. I hereby certify that I attended the deceased from 9-21-44 to 9-22-44
 1944 to 1944
 that I last saw him alive on 9-21-44 and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Lungs Duration ?
 Due to Hypertensive Heart Disease With marked Decompensation ?
 Due to

Other conditions Chr. nephritis ?
 (Include pregnancy within 3 months of death)

Major findings: 12/8 **PHYSICIAN**
 Of operations
 Of autopsy

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) UNK.
 (b) Mode of occurrence UNK.
 (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) (e) Means of injury
 23. Signature R. E. Jenkins (M. D. or other) M.D.
 Address 305 1/2 College St. Spfld, Mo. Date signed 9-25-44

984 (Licensed Embalmer's Statement on Reverse Side)

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

19-1-1902
No. 2
-700

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..... *Herbert V. Smith*

Licensed Embalmer No. *4286*

P. O. Address *Springfield 7, 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.

W