

FILED NOV 6 1944
128
Registration District No.

Primary Registration District No. 2000

Registrar's No. 834

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... Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 17 1/2 hr
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Webster 112
(c) City or town... Elkland
(If outside city or town limits, write "RURAL")
(d) Street No... Star Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country... No

3. (a) PRINT FULL NAME

Wanda Fay Richerson

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... Married

6. (b) Name of husband or wife... Vaughn Richerson
6. (c) Age of husband or wife if alive... 26 years

7. Birth date of deceased... April 19 1924
(Month) (Day) (Year)

8. AGE: Years 20 Months 6 Days 3 If less than one day hr. min.

9. Birthplace... Osage County Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation... House wife

11. Industry or business... none

12. Name... Mrs. Murel Clinton Hann
13. Birthplace... Wales County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name... Alice Salsman
15. Birthplace... Elkland Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant... Murel Clinton Hann
(b) Address... Elkland, Missouri

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof... 10-21-'44
(Month) (Day) (Year)

(c) Place: burial or cremation... Green Mountain

18. (a) Signature of funeral director... C. E. Jamney
(b) Address... Marshallfield, Missouri

19. (a) 10-21-44 (b) C. E. Jamney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20
year 1944 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 10-19-44 to 10-20-44

that I last saw her alive on 10-19-44 and that death occurred on the date and hour stated above.

Immediate cause of death... Burned by gasoline from exploding

Due to... Burned over entire body

Due to...

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

Major findings: Of operations... 181-15

Of autopsy...

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

(a) Accident, suicide, or homicide (specify)... Accident 112
(b) Date of occurrence... 10-19-44

(c) Where did injury occur... near Elkland Webster Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
ON FARM Gasoline Iron

While at work? No (Specify type of place) (e) Means of injury... Exploding

23. Signature... C. E. Feller (M. D. or other)
Address... Springfield Mo Date signed 10/21/44

Duration
Shs

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

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

27
6-2

944

MAY 22 1933

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 Rex Paine

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.