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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28107

Registration District No. 255 Primary Registration District No. 5878 Registrar's No. 61

1. PLACE OF DEATH:
(a) County: Oregon
(b) City or town: Alton (Rural) Woodside Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Oregon
(c) City or town: Alton (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lige William Richardson
3. (b) If veteran, name war: --
3. (c) Social Security No. 489-18-9597
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Mamie Boze
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan. (Month) 5 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
44	4	29	hr. min.

9. Birthplace: Oregon County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer and laborer
11. Industry or business:
FATHER
12. Name: C. S. Richardson
13. Birthplace: Laclede County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Laura Bell Mullis
15. Birthplace: (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Rosie Sifford
(b) Address: Alton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Bailey Cem.
18. (a) Signature of funeral director: Leo Barr
(b) Address: Thayer, Mo.
19. (a) 9/2-1945 (Date received local registrar) (b) Henry M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1945 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from June 3, 1945, to June 4, 1945, that I last saw him alive on June 3, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage. "Apoplexy."	10 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(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
23. Signature: O. O. Wilson (M. D. or other)
Address: Alton Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

111-3

Hilton

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.....

Licensed Embalmer No.....

P.O. Address.....

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.