

STANDARD CERTIFICATE OF DEATH

State File No. 30600

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 715

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution St. John's Hosp.  
(d) Length of stay: In hospital or institution 18 Years  
In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(d) Street No. 736 S. Pickwick 6  
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Charles Ira Richardson

3. (b) If veteran, name war No  
3. (c) Social Security No. UNK

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Alice Richardson  
6. (c) Age of husband or wife if alive UNK years

7. Birth date of deceased January 24, 1868

8. AGE: Years 77 Months 3 Days 13

9. Birthplace UNK Indiana

10. Usual occupation Retired Supt. Blacksmith Shop

11. Industry or business Frisco R.R.

12. Name John Edward Richardson

13. Birthplace UNK Kentucky

14. Maiden name Rachel Hall

15. Birthplace Jersey City New Jersey

16. (a) Informant Mrs. Alice Richardson  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 9/9/45  
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.

19. (a) 9-8-45 (b) BY W.S. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1945 hour 5:00 minute a. M.

21. I hereby certify that I attended the deceased from Sept 6 45 to Sept 7 45  
that I last saw him alive on Sept 6-1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis Mesenteric - of Sigmoid Colon

Due to  
Due to  
Other conditions

Major findings: Of operations  
Of autopsy James G. G. 1

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Ad Stair (M. D. or other)  
Address Springfield, Mo. Date signed 9/7/45

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

DEC 11 1945

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

*Paul J. L...*

Licensed Embalmer No.

2457

P. O. Address

*Myers...*

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.