

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAR 28 1946 STANDARD CERTIFICATE OF DEATH

10535

State File No. _____
Registrar's No. 56.

Registration District No. 310 Primary Registration District No. 3058-6051

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Rural St. Charles Township
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles 92
(c) City or town St. Charles
(d) Street No. 130 Lindenwood Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Harlan R. Richardson
3. (b) If veteran, name war World War 2
3. (c) Social Security No. _____

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Helen Meyer
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased September 10, 1914

8. AGE: Years Months Days If less than one day
31 5 22 hr. min.

9. Birthplace St. Charles, Missouri

10. Usual occupation Merchant

11. Industry or business _____

12. Name J. Ray Richardson

13. Birthplace Iowa

14. Maiden name Velma Hoffman

15. Birthplace Cottleville, Missouri

16. (a) Informant Roy Hoffman
(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Mar 5 1946
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Mackmann Paul
(b) Address 326 N. 6th Str., St. Charles, Mo.

19. (a) March 10/46 (b) Francis Hamilton

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death due to head injuries due to airplane crash
Due to skull fracture

Due to _____
Other conditions _____
Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident / 30
(b) Date of occurrence March 2, 1946
(c) Where did injury occur? St. Charles City, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? farm

While at work? no (c) Means of injury head injury

23. Signature _____ Date signed 3-3-46
Address Montville Mo

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed

3-27-46

OCT 30 1951

APR 1 1948

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.....
Arthur C. Rowe

Licensed Embalmer No. *3155*

P. O. Address.....
St Charles 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.