

S. No. 2  
M-2-43  
7-5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12481

State File No. \_\_\_\_\_  
Registrar's No. 129

FILED MAY 8 1946

Registration District No. 53 Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Way

(b) City or town Waynesville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South Mo. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD ALVIN RICHARDSON

3. (b) If veteran, name war No.

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 3 day 27  
year 76 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2/23, 1946, to 3/27, 1946  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct - 1 - 1874  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>5</u>	<u>26</u>	hr. _____ min.

9. Birthplace Harpersville Ky. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation CONTRACTOR

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name YANCEY RICHARDSON

13. Birthplace Mo. Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mo. Ky. 1  
(City, town, or county) (State or foreign country)

15. Birthplace Mo. Ky. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Verne Richardson

(b) Address New Madrid Mo.

17. (a) Burial (b) Date thereof 3-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Richardson Co.

(b) Address New Madrid Mo.

19. (a) 4-10-1946 (b) G. C. Summers  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 938

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature D. Leebach (M. D. or other) \_\_\_\_\_  
Address Waynesville Mo. Date signed 4/6/46

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

11330

RECEIVED

Health Officer No. 4  
Subject File Number 546-206  
Date Filed 5-7-46

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**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.....

*J. G. Collins*

Licensed Embalmer No. 4346

P. O. Address New Madrid, 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.**