

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 17342Registration District No. 200Primary Registration District No. 5729Registrar's No. 63

1. PLACE OF DEATH:

(a) County Macou
 (b) City or town Seven Mile Townships
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macou
 (c) City or town Atlanta — Rural
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 - day 27
 year 1946 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 22 1946 to April 27 1946
 that I last saw him alive on April 26 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis Duration 3 yrs
Prostatic Hypertrophy 5 yrs

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? _____

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

23. Signature Clarence M. D. (M. D. or other)
 Address Clarence Mo Date signed 5/1/46

3. (a) DECEASED FULL NAME David Harvie Richardson
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Martha Richardson 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased Oct. 20 1860
 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Macou Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name David Richardson

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

14. Maiden name Leah Varnes - 741

15. Birthplace Macou Co MO (City, town, or county) (State or foreign country)

16. (a) Informant Jasper Richardson

(b) Address Atlanta Mo

17. (a) Burial (b) Date thereof 4-30-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ma Tabor Cemetery

18. (a) Signature of funeral director H. M. Gooding

(b) Address Atlanta Mo

19. (a) 5-2-46 (b) Clarence M. D.
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 5-46-103

Date Filed --MAY-2-3-1945--

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..... *H. M. Godding*

Licensed Embalmer No. 1750

P. O. Address. *Attanta, 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.