

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X39

27640

State File No. \_\_\_\_\_

**FILED** SEP 10 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 5655

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town 7th Vernon "Rural"  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Over 70 years (Specify whether \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town 7th Vernon "Rural"  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? Y (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Charles Richardson

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th  
year 1946 hour 10:10 minute 2 A.M.

21. I hereby certify that I attended the deceased from July 5  
2 1946 to Aug 7 1946  
that I last saw him alive on Aug 7 1946  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased Dec 23rd 1865  
(Month) (Day) (Year)

Immediate cause of death Uremic poisoning

Due to Diabetes Mellitus 10 days

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

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

8. AGE: Years Months Days If less than one day

80 9 14 hr. \_\_\_\_\_ min.

9. Birthplace Bedford Co. Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Owenly Richardson

13. Birthplace Bedford Co Va  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Feline Richardson

(b) Address 7th Vernon 7th

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Aug 9 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Geo B Orr

(b) Address 7th Vernon Mo

19. (a) 8/27/46 (Date received local registrar)

(b) Orthelbrick (Registrar's signature)

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

Means of injury 0

23. Signature PA James (M. D. or other)

Address 7th Vernon Mo Date signed 8-8-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number

946-924

Date Filed

SEP 5 - 1946

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.....

*George B. Ows*

Licensed Embalmer No.....

946

P. O. Address.....

*7th Avenue 7th*

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.