

S. No. 2  
DM-5-43  
V. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4055

FILED MAR 3 1947

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

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 246

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
1401 Jules Street (Nursing Home) 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years  
(Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1401 Jules Street  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME William B. Richardson

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19  
year 1947 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 18, 1947 19\_\_\_\_ to 2 - 19 - 1947

that I last saw him alive on 2 - 18 - 1947  
and that death occurred on the date and hour stated above.

4. Sex Male ( ) 5. Color or race White

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

6. (b) Name of husband or wife Rebecca Thomas Richardson years \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased Oct. 31 1850  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Hypostatic pneumonia 1-2 days

Due to Generalized arteriosclerosis yrs \_\_\_\_\_

Due to Senility yrs \_\_\_\_\_

Other conditions Urinary incontinence  
(Include pregnancy within 3 months of death)

elder myo carditis

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

96 3 18 hr. min.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy ADD

9. Birthplace Buchanan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Stock Inspector

11. Industry or business Stock Yards.

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? \_\_\_\_\_

MOTHER, FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Wurdock (History)

(b) Address Welfare Board - St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. 22, 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

23. Signature M. E. Danner (M. D. or other) MD

Address 315 Kirk Bldg. St. Joseph, Mo. Date signed 2/19/47

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

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Kalter Meierhoff

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 2-21-47 (Date received local registrar)

(b) L. B. Jenkins (Registrar's signature)

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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... *Albert P. Harrington* .....

Licensed Embalmer No. 3258 Missouri .....

P. O. Address. St. Joseph, 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.**