

**FILED SEP 25 1947**

Registration District No. **322**

Primary Registration District No. **44723071**

Registrar's No. **20**

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

**1. PLACE OF DEATH:**  
 (a) County **Saline**  
 (b) City or town **Slater**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **none**  
**all of life** (Specify whether  
 In this community **all of life**  
years, months or days)

**3. (a) PRINT FULL NAME** **Maggie Richardson**  
 3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **negro**  
 6. (a) Single, widowed, married, divorced **widowed**  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive **12** years  
 7. Birth date of deceased **August 18 1881**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **11** Days **18**  
If less than one day hr. min.

9. Birthplace **Saline County Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

**MOTHER, FATHER**  
 12. Name **Harry Richardson**  
 13. Birthplace **Mo.**  
 14. Maiden name **Nancy Carson**  
 15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Richardson**  
 (b) Address **2821 Lucas Ave. St. Louis**

17. (a) **Aug. 1-1947** (b) Date thereof **Burial**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cambridge, Mo.**

18. (c) Signature of funeral director **Hill Brothers, Slater, Mo.**

19. (a) **Aug. 2, 1947** (b) **Mrs. Earl C. Gutz**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Saline 97**  
 (c) City or town **Slater, Mo.**  
(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 **July** day **30th**  
 year **1947** hour **8** minute **0** M.

21. I hereby certify that I attended the deceased from **2**  
**investigated July 31** 19**47**  
 that I last saw him **alive on** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
 Due to **high blood pressure and shock**  
 Due to

Other conditions **SBA**  
(Include pregnancy within 3 months of death)

Major findings: **SBA**  
 Of operations  
 Of autopsy

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? **Cambridge, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work? **No** (a) Means of injury **Saline Co**

23. Signature **P. L. Lasswell Coroner**  
 Address **Market Hall Mo.** Date signed **8/1/47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-24-47

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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 Sam M. Neil

Licensed Embalmer No. 1292

P. O. Address State 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.