S. No. 2
I—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 19 1948

Registration District No. 56

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 9001

State File No. 5277

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1301 McKinley Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 31 years (Specify whether years, months or days)
In this community: 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 1301 McKinley Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: SILAS J. RICHARDSON
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Wid.
6. (b) Name of husband or wife: deceased
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February 16, 1858 (Month) (Day) (Year)

8. AGE: Years 89 | Months 11 | Days 9 | If less than one day: hr. min.
9. Birthplace: Chariton County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business:
FATHER 12. Name: unknown
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: A. J. Richardson
(b) Address: 1301 McKinley Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Park Cem.
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Mo.
19. (a) 1-29-48 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th year 1948 hour 5:15 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 1, 1948 19..., to Jan. 25, 1948 19...; that I last saw him alive on Jan. 25, 1948 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis	?
Due to: Chr. Arteriosclerosis	22
Due to: Hypertension	2 yr.
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 97

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: O B Chapman (M. D. or other)
Address: Joplin, Mo. Date signed 1-27-48
Chapman

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

48-1-116

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.