S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7852

Registration District No. 34 | Primary Registration District No. 5117 | Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rural Cedar (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 Miles West of Ashland Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles West of Ashland Mo (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arminta Richardson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Richardson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 4 (Day) 1867 (Year)

8. AGE: Years 81 | Months 0 | Days 22 | If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name LeRoy Shelton
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Phope Blackwell
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Charles Richardson
(b) Address Hartsburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Goshen Cemt.
18. (a) Signature of funeral director Wm C. Burnett
(b) Address Ashland Mo.
19. (a) 4-1-48 (Date received local registrar) (b) Mrs. Mildred Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1948 hour 9 minute P.M.
21. I hereby certify that I attended the deceased from 8-1942, 19 to 3-26-1948, that I last saw him alive on 3-20, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C. P. Megee (M. D. or other)
Address Hartsburg Date signed 4/1-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4/8/48

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 W. C. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland, 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.