

FILED MAR 25 1948 7  
Registration District No. 7

Primary Registration District No. 5582

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carl Junction R.H. Jackson  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 wks. (Specify whether years, months or days) 45 years

3. (a) PRINT FULL NAME Humphrey Richards

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M Color or race W

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year) 1 6 1867

7. Birth date of deceased \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
81	1	1	br. min.

9. Birthplace County Cornwall Eng  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

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

12. Name Joseph Richard

13. Birthplace Eng 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Stephens  
(City, town, or county) (State or foreign country)

15. Birthplace Eng 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Morris  
(b) Address Carl Junction Mo

17. (a) Burial (b) Date thereof 2-10-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stark Memorial Chapel

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Carl Junction Mo  
(Date received local registrar) 2-9-48

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Carl Junction Mo  
(If outside city or town limits, write "RURAL")

(d) Street No 7105 Rowley 49  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 3 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8  
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 15 19 47 to Feb 8 19 48  
that I last saw him alive on Dec 6 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis  
Duration 10 yrs

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

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

Other conditions (Include pregnancy within 3 months of death) 97

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 \_\_\_\_\_

Signature O. L. Alberty (M. D. or other) \_\_\_\_\_  
Address Carl Junction Mo Date signed Feb 9 1948

## 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 \_\_\_\_\_

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.