

No. 2
5-43
5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26842
Registrar's No. 32

FILED AUG 24 1948

Registration District No. 159

Primary Registration District No. 4249

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Hillsboro Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Hillsboro 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 8

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

If yes, name country _____

3. (a) PRINT FULL NAME Guy Richardson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Louise Richardson

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 23 1864
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>84</u> | <u>8</u> | <u>10</u> | hr. _____ min. _____ |

9. Birthplace Ste. Francois Co. Missouri 1
(City, town, or county) (State or foreign country)

10. Usual occupation Lead Miner

11. Industry or business Lead Mines

MOTHER FATHER

12. Name Wm. Richardson

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Smith

15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susie Ryan

(b) Address 5501 Rhodes Ave. St. Louis, Mo.

17. (a) Burial (b) Date thereof 8-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus M. E. Cemetery

18. (a) Signature of funeral director Fink

(b) Address Festus Missouri

19. (a) 8-19-48 (b) Festus M. E. Cemetery
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 3, 48
_____ 19____ to _____ 19____

that I last saw him alive on Aug 3
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
Chronic myocarditis

Duration _____

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 932

PHYSICIAN _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Festus M. E. Cemetery (M. D. or other) _____
Address Festus, Mo. Date signed 8/16/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 25 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 E. Evans Province

Licensed Embalmer No. 3403

P. O. Address Destus 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.