FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 155

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3127

State File No. 38701

Registrar's No. 168

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 916 North Main /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 1 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 916 North Main 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Luther Kenneth Richardson
3. (b) If veteran, name war No data
3. (c) Social Security No.

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Effie Richardson
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased February (Month) 22 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	17	hr. min.

9. Birthplace Bon Terre (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name Jefferson Richardson
13. Birthplace Bon Terre, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elina Beckett
15. Birthplace Bon Terre, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Widow: Effie Richardson
(b) Address Webb City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Desloge, Mo.
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Mo.
19. (a) Nov 11-1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1947 hour 11:15 minute P. M.
21. I hereby certify that I attended the deceased from Oct 19, 1947, to Nov 9, 1947
that I last saw him alive on Nov 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebrovascular Accident	2
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

Signature James V. Hebert (M. D. or other) M.D.
Address Cadet, Mo. Date signed 11-10-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

47-11-873

Flaherty

DEC 1 1947

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.....
Leonard J. Lewis Jr., Registered Apprentice No. 46,
working under my personal supervision.

Signed E. O. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City 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.