

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1626

5581 State File No. 6

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2007 Registrar's No. 6

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (rural) Rt. 3 Joplin
 c. LENGTH OF STAY (in this place) 3 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION Saloma Sanitarium Rural Route #3 Joplin Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri
 b. COUNTY Jasper
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Joplin
 d. STREET ADDRESS (If rural, give location) Rt. #3 Joplin Mo.

3. NAME OF DECEASED (Type or Print)
 a. (First) Effie
 b. (Middle) Richardson
 c. (Last) Richardson
 4. DATE OF DEATH (Month) (Day) (Year) Jan 2 1949

5. SEX Female
 6. COLOR OR RACE White
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
 8. DATE OF BIRTH May 15 1878
 9. AGE (In years last birthday) 70
 IF UNDER 1 YEAR Months 70 Days 17
 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) Boni Terre Missouri
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. Price
 13b. MOTHER'S MAIDEN NAME Anna Cooper
 14. NAME OF HUSBAND OR WIFE L. K. Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
 16. SOCIAL SECURITY NO.
 17. INFORMANT'S SIGNATURE OR NAME Mrs. George Smoyer
 ADDRESS R⁶² Joplin, Mo.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
 ANTECEDENT CAUSES (b) Arterio Sclerotic Changes
 (c) Advanced age
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION
 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1948, to Jan 2, 1949, that I last saw the deceased alive on Jan 2, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE James V. Flaherty M.D. (Degree or title)
 23b. ADDRESS City Hall Bldg. Carterville Mo.
 23c. DATE SIGNED 1-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 24b. DATE 1-5-1949
 24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery
 24d. LOCATION (City, town, or county) (State) Desloge Missouri.

DATE REC'D BY LOCAL REG. 1-5-49
 REGISTRAR'S SIGNATURE Ed. D. James
 25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis Funeral Home
 ADDRESS Webb City, Mo.

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

49
0
0

by Salome Thompson (Signature) (Department on Reverse Side)

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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed _____

[Handwritten Signature]

Signed.....

Student Embalmer

Licensed Embalmer No. *28359*

P. O. Address *Abbott, N.J.*

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.