

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Route 1
(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 St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN WILLIAM RICHARDSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Nancy Ann Richardson

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased April 28 1852
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22nd
year 1945 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1941 to Feb 1945

that I last saw him alive on 2-21 1945

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>9</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death Pneumo-pneumonia

Due to _____

Due to 93 1/2

Other conditions tuberculosis - arterio-sclerosis
(Include pregnancy within 3 months of death) general

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

10. Usual occupation Retired

11. Industry or business Farming

12. Name James Richardson

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

14. Maiden name Willa May Orr

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

16. (a) Informant Nancy Richardson

(b) Address R-1 Bonne Terre Mo

17. (a) Burial (b) Date thereof 2-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Chapel

18. (a) Signature of funeral director Bertram H. Co

(b) Address 313 Benton Bonne Terre Mo

19. (a) 3-15-45 (b) J. Ernest Dunsmuir
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W O Sacke (M. D. or other) _____

Address W. O. Sacke Date signed 2-29-45

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

400

RECEIVED

Health Officer No. 4
File Number 345-365
Date Filed 3-19-45

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

C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.