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17-39  
X2182

FILED JUL 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21944

Registration District No. 421

Primary Registration District No. 5575

Registrar's No. 46

1. PLACE OF DEATH  
 (a) County Jefferson  
 (b) City or town R.F.D. - Festus  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(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

3. (a) PRINT FULL NAME LEMAN ELLIOTT RICHARDSON  
 (b) If veteran,  name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct 9 1905  
(Month) (Day) (Year)

8. AGE: Years 16 Months 8 Days 13  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Flat River, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
 12. Name Leman O Richardson  
 13. Birthplace St. Francois Co. Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Emmie Elliott  
 15. Birthplace Monroe Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Leman O Richardson  
 (b) Address R.F.D. Festus, Mo  
 (c) Place: burial or cremation Burial  
 (d) Date thereof June 24, 1941  
(Month) (Day) (Year)  
 (e) Place: burial or cremation Charter Cemetery

18. (a) Signature of funeral director Benjamin H. H. Co  
 (b) Address 313 Central Business Mo  
 19. (a) 6/30/41 (b) J E Rutledge  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jefferson  
 (c) City or town Festus  
(If outside city or town limit, write "RURAL")  
 (d) Street No. Rural  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 22nd  
 year 1941 hour 1 A.M. minute 30 A.M.  
 21. I hereby certify that I attended the deceased from August 19 1940 to June 22nd 1941  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck and other contusions  
 Due to Verdict of Jury  
 Due to was accidental death  
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) auto accident  
 (b) Date of occurrence 6/22 1941 030  
 (c) Where did injury occur? Highway T. Jefferson Co  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on highway  
(Specify type of place)  
 While at work? 38 (e) Means of injury 4  
 23. Signature Jack Long (M. D. or other) \_\_\_\_\_  
 Address Justice of Peace Date signed Jefferson

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

17026  
9/2/71

STATE OF  
MISSISSIPPI  
DEPARTMENT OF  
HEALTH

**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. 3206  
P. O. Address Bayneville, Tenn.

**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, above space should be left blank.**

Registration District No. 421

Primary Registration District No. 5575

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:  
(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

3. (a) PRINT FULL NAME Jesse E. Richardson Jr

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 S

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

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 6/30/41 (b) J. E. Rutledge  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson

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

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

(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck and other contusions

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

Verdict of jury was \_\_\_\_\_

Due to accidental death

Other conditions (Include pregnancy within 3 months of death)

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) Auto accident

(b) Date of occurrence 6/22/1941

(c) Where did injury occur? Highway 7, Jefferson Co.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Highway  
(Specify type of place) (b) Means of injury

While at work? \_\_\_\_\_

23. Signature Jas J. Long (M.D. or other)  
Justice of Peace of Platteau Township  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

The J. E. Richardson Jefferson Co., Mo.  
 Platteau Township  
 Justice of Peace  
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

After examining testimony given at inquest, and questioning Justice John James F. Long and others, we came to the conclusion that the verdict should include: "While driving on Highway T, in Jefferson Co., about 15 miles south of Festus, on freshly graded road, the car overturned, and deceased was thrown from the car, breaking his neck and causing instant death.

An unopened bottle of wine was found in the car, but no further evidence that there had been drinking."

J. D. Dorell, M.D.  
Co. Health Physician  
Sept 15 - 1941  
Crystal City, Mo.  
J. E. Rutledge, M.D.  
Local Registrar  
Festus, Mo.