

FILED JUL 31 1944

State File No.

Registration District No. 316

Primary Registration District No. 3059

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Booneville Mo R-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 Booneville Mo R-1
(If outside city or town limits, write "RURAL")

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

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

If yes, name country.....

3. (a) PRINT FULL NAME NANCY ANN RICHARDSON

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from
Jan 10 1940 to June 16 1944
that I last saw her alive on June 12 1944
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married

7. (b) Name of husband or wife John W. Richardson 6. (c) Age of husband or wife if alive 92 years
March 11 1863
(Month) (Day) (Year)

Immediate cause of death Pneumo-pneumonia

Duration 65

8. AGE: Years 81 Months 3 Days 5 If less than one day
hr. min.

Due to.....

Due to.....

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

Other conditions Chronic hypertrophic osteitis
(Include pregnancy within 3 months of death)
blind - bilateral glaucoma

10. Usual occupation Housewife

Major findings:
Of operations.....
Of autopsy.....

107

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name August Bryant Buchanan

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

14. Maiden name Frances Patterson

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

16. (a) Informant Harvey Richardson

(b) Address Booneville Mo R-1

17. (a) Burial (b) Date thereof 6-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Chapel

18. (a) Signature of funeral director Bentley Holly Co

(b) Address 313 Benton Booneville

19. (a) 6-24-44 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....

23. Signature N O [Signature] (M. D. or other)
Address Booneville Date signed 6-24-44

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

4
994

RECEIVED

District Health Officer No. 4

District File Number 744-412

Date Filed 7-28-44

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 Bonnedene Md

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.