

FILED NOV 25 1946

State File No. ....

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McHarneys  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hrs.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln  
(c) City or town Brookfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. Meade  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Pinkerton Richardson

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 499-130-6410

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Harman 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Sept 8 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Wm B Richardson  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Violet Whitton  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby Shull  
(b) Address Mendon Mo  
17. (a) Burial (b) Date thereof Nov 11 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director James M Taylor  
(b) Address Marcelline Mo  
19. (a) 11/14/46 (b) W Bernier  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18  
year 1946 hour 6 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11-7  
1946 to 11-8 1946;  
that I last saw him alive on 11-8-46, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Shock Duration \_\_\_\_\_

Due to fracture left hip  
Generalized Arteriosclerosis  
Due to Senility

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
11/16/46  
14

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) accident SK  
(b) Date of occurrence 11-7-46  
(c) Where did injury occur? Brookfield Lin Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
While at work? ✓ (Specify type of place) (e) Means of injury fall  
23. Signature Larry W. Robinson (M. D. or other) \_\_\_\_\_  
Address Brookfield, Mo Date signed 11-9-46

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

NOV 16 1957

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 Blanche M Laughlin

Licensed Embalmer No. 1989

P. O. Address Marceline 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.