REC'D JUN 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17766
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 2 1 Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 542
(c) City St Joseph (d) Street No. 111 North 18th st. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie B. Richardson 263
(a) Residence, No. 111 North 18th st St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ~~Male~~ F
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harvey H. Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall town Iowa 1

FATHER
13. NAME Mark Webb 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown New York 1

MOTHER
15. MAIDEN NAME Katherine Vomies
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown New York

17. INFORMANT (ADDRESS) H. H. Richardson 111 North 18th St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove Cem. near Rea. Missouri DATE May 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) Heaton Be Gole + Bowman St Joseph Missouri

20. FILED 5/20, 1938 H. J. Nettelhorst
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to May 18, 1938
I last saw her alive on May 18, 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction of Coawels	May 16
Other contributory causes of importance: Carcinoma of Sigmoid	?

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank L. Hardegan M. D.
(Address) Kirkpatrick Bldg

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12604

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself May 19, 19

L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)