

**FILED FEB 14 1941**

Registration District No. **109**

Primary Registration District No. **5752**

Registrar's No. **995**

**1. PLACE OF DEATH:**

(a) County **Callaway**  
(b) City or town **Rural Febbets**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Summit**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether, years, months or days) **One year**

3. (a) PRINT FULL NAME **Lucy Jane Richards**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **FE** 5. Color or race **Wh** 6. (a) Single, widowed, married **2 divorced** **Widowed**

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **Dec 1 1857**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **1** Days **16** If less than one day hr. min.

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

10. Usual occupation **None**

11. Industry or business

12. Name **Clanson Wells**

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

14. Maiden name **Jane Moore**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Bobb Schyle Taylor**  
(b) Address **Walt Smith Mrs. R.F.D.**

17. (a) **Burial** (b) Date thereof **1-17-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Independence mo.**

18. (a) Signature of funeral director **Bob Carson**  
(b) Address **Independence mo.**  
19. (a) **Jan 17-41** (b) **E. Westphal**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Callaway**  
(c) City or town **Rural Febbets**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Independence mo.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **1** years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan** day **17**  
year **1940** hour **7** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan 12**, 1941, to **Jan 17**, 1941;  
that I last saw her alive on **Jan 16**, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death **lobes pneumonia** Duration **5 days**

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

Other conditions **108**  
(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) \_\_\_\_\_

(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) (e) Means of injury \_\_\_\_\_

23. Signature **Sub Be of oil** (M. D. or other) **MD**  
Address **Jefferson City** Date signed **mo**

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

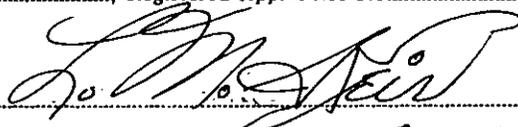
14  
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**STATEMENT BY LICENSED EMBALMER**

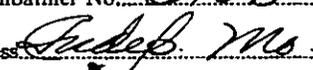
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....  


Licensed Embalmer No..... 3156

P. O. Address.....  


**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.**