No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6332

FILED APR 11 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 209

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: Faucett Commun 1 day 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: Faucett 0
(If outside city or town limits, write "RURAL")

(d) Street No.: — 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME: Lucy Byrd Richard

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Arvine P.

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: August (Month) 19 (Day) 1874 (Year)

8. AGE: Years 66 Months 5 Days 28 If less than one day: hr. min.

9. Birthplace: Buchanan County 0 (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Own Home

MOTHER FATHER

12. Name: Joseph Grable

13. Birthplace: Unknown 1 (City, town, or county) Ohio (State or foreign country)

14. Maiden name: Margaret F. Cox

15. Birthplace: Unknown 6 (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: S. R. Richard

(b) Address: Faucett, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb. 19, 1941 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: Agency, Missouri

18. (a) Signature of funeral director: Hatter Meierhoffer

(b) Address: 1302 Faraon, St. Joseph, Missouri

19. (a) 2/19/41 (Date received by local registrar) (b) H. Meilbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 17 year: 1941 hour: 6 minute: p. M.

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

Immediate cause of death	Duration
Chronic myocarditis	unknown
Diabetic coma.	
Due to	
Due to	
Other conditions: Diabetes mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —

Of autopsy: Same as above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: E. M. Shores (M. D. or other) M. D.

Address: Kirkpatrick Bldg. Date signed: 2-19-41

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Missouri

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 Oby J. Ester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.