

Registration District No. **422**

Primary Registration District No. **1800**

Registrar's No. **476**

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:
221 So 16th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 221 So. 16th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lucretia Riggs
 3. (b) If veteran, name war No 3. (c) Social Security No. No
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife H.W. Riggs 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 12, 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th year 1943 hour 6 minute 08 A. M.
 21. I hereby certify that I attended the deceased from January 5th, 1943 to April 20, 1943 that I last saw her alive on April 20, 1943 and that death occurred on the date and hour stated above.
 Immediate cause of death Arterial Sclerosis Duration 4 mo

8. AGE: Years 77 Months 8 Days 8 If less than one day hr. _____ min. _____
 9. Birthplace Booneville Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Due to Apoplexy
 Due to _____
 Other conditions 130
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Frank Bush
 13. Birthplace Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Symia Bush
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Elsie Williams
 (b) Address No. Kansas City, Mo.
 17. (a) Burial (b) Date thereof 4-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hackett Cemetery
 18. (a) Signature of funeral director Fleeman & Son Inc.
 (b) Address 1946 Colhoun St. St Joseph, Mo
 19. (a) 4-20-43 (b) Rose Haggoy
(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) (a) Means of injury _____
 23. Signature C. F. Byrd (M. D. or other) _____
 Address 221 S. 16th Date signed 4-20-43

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

piece of paper
05
1945
10/10/45
10/10/45

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..... *Robert H. Guph*.....

Licensed Embalmer No. *5308*.....

P. O. Address..... *St Joseph, 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.