

FILED SEP 11 1943
Registration District No. 4/2

Primary Registration District No. 10005134

Registrar's No. 866

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: TRFD # 5-1 July
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution TRFD # 5 (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

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

(d) Street No. TRFD # 5 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA-R. RICHARDSON

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 10:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from 7-28-43
19____, to 7-28, 19____

that I last saw her alive on 7-28-43, 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife More E. 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug 31
(Month) (Day) (Year)

Immediate cause of death aneurysm of heart + myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) H of

8. AGE: Years 56 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Jessie Roberts

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

14. Maiden name Chiese Bredlove

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

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? _____

16. (a) Informant Marion Richardson

(b) Address St. Joseph MO

17. (a) _____ (b) Date there July 31 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Auburn Cem

18. (a) Signature of funeral director Ray Conway

(b) Address St. Joseph MO

19. (a) 7-31-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. M. Feather (M. D. or other)

Address 731 Faxon Date signed 7-29

Duration

1 yr.

10 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

10-12-55

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 *John Ray Stanny*
Licensed Embalmer *2435*
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.

EV-10-1