

Registration District No. 42

Primary Registration District No. 1000

State File No. _____

Registrar's No. 364

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:
St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community 30 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. 209 North 18th
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT EVA ELLEN RICHMOND
 FULL NAME

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 3 divorced

6. (b) Name of husband or wife Samuel A. Richmond 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6 1855
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 0 27 hr. min.

9. Birthplace Princeton Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

MOTHER FATHER { 11. Industry or business _____

12. Name Reece Shannon

13. Birthplace Logan county W. Va.
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Amanda Fulkerson

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

16. (a) Informant Mrs. Robert J. Evans

(b) Address 209 North 18th

17. (c) burial (b) Date thereof 4/5/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora

18. (a) Signature of funeral director Walter Biddle & Bowman

(b) Address 319 South 10th

19. (a) 4/4/44 (b) Rose Herzog
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
 year 1944 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 10
10:30 to 11:30 1944
 that I last saw her alive on Apr - 2 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Cerebral Hemorrhage

Due to Hypertension

Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations gza
 Of autopsy _____
 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 T. L. Howard (M. D. or other) M D
 Address 620 Francis St. St. Joseph Mo Date signed 4-4-44

1d2J

EXPIRES 13 APR 1964

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

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

St. Joseph

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.