

FILED AUG 3 1944
Registration District No. _____

Primary Registration District No. 5137

Registrar's No. 777

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
R.F.D. # 6, St. Joseph
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

In this community 16 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Cora Richardson

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 J.H.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 31, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	5	25	hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Elie Jones

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

14. Maiden name Unknown

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

16. (a) Informant Margery Nearhood (Daughter)

(b) Address R.F.D. # 5, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 7/27/44
(Burial, cremation, or removal) (Month)-(Day) (Year)

(c) Place: burial or cremation Ashland, Missouri

18. (a) Signature of funeral director John E. Kupp

(b) Address 6054 Pryor Ave., City

19. (a) 7/27/44 (b) Helen J. Kupp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 6
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1944 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 9, 1944 to July 25, 1944
that I last saw h alive on July 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of right lung.
Cause of Death: Cancer of Breast.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50
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 J. W. E. Hartcock (City or other) St. Joseph Mo
Address _____ Date signed 7/27/44

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

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 C. Rupp

Licensed Embalmer No. *3986*

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.