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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

State File No. _____

FILED OCT 4 1945

STANDARD CERTIFICATE OF DEATH

Registrar's No. 988

Registration District No. 42

Primary Registration District No. 1000

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

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

In this community 1 Year
(Specify whether 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. 2307 So. 12th. St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Judith Lee Richards

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 Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased December 30 1938
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	6	9	14	hr. _____ min.

9. Birthplace Aurora Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Public School

12. Name Robert Wm. Richards

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

14. Maiden name Esther Josephine Pecoy

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

16. (a) Informant Mr. Robert W. Richards

(b) Address 2307 So. 12th. St.

17. (a) Removal (b) Date thereof Sept. 15, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Ill.

18. (a) Signature of funeral director Norman W. DeFadue

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Sept. 15, 1945 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 14
year 1945 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 13 1945 to Aug 14 1945
that I last saw him alive on Aug 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis

Duration
3 da
5 da

Due to _____

Due to _____

Other conditions Accidents
(Include pregnancy within 3 months of death) sda

Major findings: Of operations none

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? _____

While at work? _____ Means of injury _____

23. Signature W. Roger Moore M.D.

Address St. Joseph, Mo. Date signed 9/14/45

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

Elmer Thomas, Registered Apprentice No. _____
working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph Ma

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.