S. No. 2
M—2-43
. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31624

FILED OCT 15 1945

Registration District No. 374 — Primary Registration District No. 6272 — Registrar's No.

1. PLACE OF DEATH:
(a) County North
(b) City or town Denver Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether) In this community 25 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County North Co
(c) City or town Denver - Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lydia Louisa Richmond
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John F Richmond
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 17 (Day) 1859 (Year)

8. AGE: Years 85 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Worth Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER
12. Name Washington Fisle
13. Birthplace Worth Co (City, town, or county) Mo (State or foreign country)

FATHER
14. Maiden name Lucinda Vasser
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Owen W. Richmond
(b) Address Worth Co Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Chapel Cemetery
18. (a) Signature of funeral director Braun Bros
(b) Address Denver Mo
19. (a) Sept 12 1945 (Date received local registrar) (b) Mayme Puchert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1945 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1943, to July 22, 1945, that I last saw her alive on July 22, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	2 yrs.
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? (Specify type of place)
While at work? Means of injury

23. Signature Chesley N Williamson MD (M. D. or other)
Address Denver Mo Date signed July 8-1945

1385

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 J O Brann

Licensed Embalmer No. 2941

P. O. Address Denver Colo

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.