

36165

State File No. _____
 Registrar's No. 1263

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County ~~Missouri~~ 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:
 Mo. Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In this community 1 year
 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. 2524 Pacific
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Samuel R. Richmond
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Barbara H. Richmond
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased August 25 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 61 2 16 hr. min.

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

10. Usual occupation salesman

11. Industry or business Acorn Refining Co.

12. Name Alexander Richmond

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

14. Maiden name Eva Shanon

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

16. (a) Informant Mrs. Samuel R. Richmond

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11/12/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Helen Berole & Bowman

(b) Address St. Joseph, Mo.

19. (a) Nov. 14, 1946 (b) J. J. Neithard
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th
 year 1946 hour 2 minute 55 P. M.
 21. I hereby certify that I attended the deceased from February
 month 1946 to November 9, 1946;
 that I last saw him alive on Nov. 9, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Cachexia
 Due to Hodgkin's Disease

Duration
 2 mo.
 1 yr.

Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 44B

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 _____

Signature J. A. Carle, Jr. (M. D. certifier)
 Address Topeka Kansas Date signed 11-11-46

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

3-1087

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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..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address. 3148 10th St. Jackson, 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.