

FILED FEB 16 1948
Registration District No.

Primary Registration District No. 5134

1. PLACE OF DEATH:

(a) County Buchanan rural; Washington
(b) City or town Industrial City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Industrial City 740
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) Pwp. 740 (b) County Buchanan
(c) City or town St. Joseph (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Industrial City
(If rural, give location)
(e) Citizen of foreign country? 240 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN FRANKLIN RICHARDS

3. (b) If veteran, name war 240
3. (c) Social Security No. 487-05-1662

4. Sex Male Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Ada
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July 28 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 7
If less than one day hr. min.

9. Birthplace Fairfax 240
(City, town, or county) (State or foreign country)

10. Usual occupation Employee Swift & Co

11. Industry or business

12. Name Joseph Richards

13. Birthplace Centre 240
(City, town, or county) (State or foreign country)

14. Maiden name Emily P. Jones

15. Birthplace Centre 240
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Richards

(b) Address Industrial City 740

17. (a) Burial (b) Date thereof 2/2/48
(Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Flower Funeral Home

(b) Address St. Joseph 240

19. (a) 2-9-48 (b) B. B. Jenkins
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1948 hour 11:40 minute a. M.

21. I hereby certify that I attended the deceased from Feb 4 1948 to Feb 5 1948
that I last saw him alive on Feb 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (1da)

Due to Coronary disease (2 mo. history of pain on exertion)

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

Major findings: Of operations 94A

Of autopsies

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? (Specify type of work) (e) Means of injury

23. Signature J. S. Grant M.D. (M. D. or other title)

Address St. Joseph, Mo Date signed 2-5-48

PHYSICIAN
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING ENFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Grant

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.....

Charles M. Harmon, Registered Apprentice No. *450*
working under my personal supervision.

Signed.....

John Roy Stacey

Licensed Embalmer No. *2435*

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.