No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

C. Smith

State File No. 11611

FILED MAY 10 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 514

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: 1420 So. 18th. St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether

In this community: 21 Years (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.: 1420 So. 18th. St. (If rural, give location)

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

If yes, name country: *

3. (a) PRINT FULL NAME: Sarah Agnes 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: Married

6. (b) Name of husband or wife: Arthur R.

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: February (Month) 11 (Day) 1876 (Year)

8. AGE: Years 72 Months 2 Days 20 — If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: None

FATHER
12. Name: unk.
13. Birthplace: unk (City, town, or county) unk (State or foreign country)

MOTHER
14. Maiden name: Pheoba Jane Drake
15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Mr. Arthur R. Richards

(b) Address: 1420 So. 18th. St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-5-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Stanley Funeral Home

(b) Address: ~~xxxxxxxxxxxx~~ St. Joseph, Mo.

19. (a) 5-5-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3X2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 20, 1948 to May 11 14, 1948; that I last saw her alive on 4/30/48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: Less 1 day

Due to: Arteriosclerosis

Due to: Diabetes — Prior 3/20/48

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 6
Of autopsy:

PHYSICIAN — Underline the cause of 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? (e) Means of injury

23. Signature: Carlton Smith (M. D. or other) 11111

Address: 218 No. 7th St. Joseph, Mo. Date signed: 5-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. Elmer Thomas

Licensed Embalmer No. 2640

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.