

1 X35697

Registration District No. **1943**

Primary Registration District No. _____

Registrar's No. **1029**

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:
601 Harmon St. (home)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **39 years**
(Specify whether years, months or days)

In this community **39 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lydia Richardson**

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 **William C.**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **February 14, 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 **7** **1** **hr.** **min.**

9. Birthplace **Leavenworth Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **John R. Hartman**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Parsons**

15. Birthplace **Hartford Connecticut**
(City, town, or county) (State or foreign country)

16. (a) Informant **William C. Richardson (Husband)**

(b) Address **601 Harmon St., City St. Joseph, Mo.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **9/18/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **1008 Cem., St. Joseph, Mo.**

18. (a) Signature of funeral director **John E. ...**

(b) Address **6054 Pryor Ave., City St. Joseph, Mo.**

19. (a) **9/18/43**
(Date received local registrar)

(b) **Rose ...**
(Registrar's signature)

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. **601 Harmon St.**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **15**
year **1943** hour **7** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **May 1, 1943** to **Sept 15, 1943**
that I last saw her alive on **Sept 14, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma, generalized**

Duration **5 mo.**

Due to **Carcinoma, sigmoid**

Duration **5 mo**

Due to _____

Other conditions **Emaciation**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma, sigmoid**
Of operations **ileum, liver.**

Of autopsy **none**

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 _____

23. Signature **St. Grant** (M. D. or other) **Mo.**

Address **St. Joseph, Mo.** Date signed **9-16-43**

Duration

5 mo.

5 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1233

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

John E. Rupp

Licensed Embalmer No.

3986

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.