

No. 2
-1/47
5-17-39

FILED NOV 10 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1300**

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:
2012 Jones St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: **None** (Specify whether
In this community... **Lifetime**
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. **2201 Lovers Lane**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME **Nancy Jane 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 **Widowed**

6. (b) Name of husband or wife **Leonard P.**

6. (c) Age of husband or wife if alive **21** years

7. Birth date of deceased **May 15 1863**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
1	84	3	19hr.min.

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

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **Thomas McFarland**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Joseph M. Garvey**

(b) Address **2201 Lovers Lane**

17. (a) **Burial** (b) Date thereof **Sep't. 6, 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Mora Cemetery**

18. (a) Signature of funeral director **Herman W. Sideman**

(b) Address **1802 Union St. St. Joseph, Mo.**

19. (a) **11-5-47** (b) **H. K. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **4**
year **1947** hour **12** minute **34 A.M.**

21. I hereby certify that I attended the deceased from **Jan. 1947**
21 to **Sept 4 - 1947**
that I last saw him alive on **Sept 2nd** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema**

Due to **Sedentation**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **None**

Of operations **110**

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..... (e) Means of injury **0**

23. Signature **Paul Ferguson** (M. D. or other) **47**
St. Joseph, Mo. Address Date signed **9-5-47**

Duration **1 wk.**

6 mo.

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

24422

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 Max W. Kirkendall, Registered Apprentice No. 86 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.