

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

27653  
3342

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 1212 Huntington Road) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John H. Ricksecker  
1212 Huntington Rd.  
(a) Residence. No. \_\_\_\_\_ St. 8 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 37 yrs. mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U.S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
85 8 18

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Retired  
(b) General nature of industry, business, or establishment in which employed (or employer). Cigar Dealer  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mansfield  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER John H. Ricksecker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Eliza Geiger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hagerstown  
(STATE OR COUNTRY) Maryland

14. INFORMANT Don Ricksecker  
(Address) 1212 Huntington Rd.

15. FILED 8/4 29 Mom Crowe  
REGISTRAR asst.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 2/29. 19 \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1927 to Aug 2 1929  
that I last saw him alive on Aug 27 1929 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral hemorrhage  
Nov. 1927 Again July 1929  
(duration) 1 1/2 yrs. mos. ds. \_\_\_\_\_  
CONTRIBUTORY Arterio sclerosis  
(SECONDARY) (duration) 10 yrs. mos. ds. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs  
(Signed) E. H. Shisher M. D.  
Aug 3 1929 (Address) 1235 North Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 8/5/29 19 \_\_\_\_\_

20. UNDERTAKER Freeman Mortuary ADDRESS 104 West 62nd. st.  
K 6 mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE IN PENCIL WITH ENVELOPING INSTRUMENTS—THIS IS A PERMANENT RECORD

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2  
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Dr. James

1235 Risk to Bldg.

VL 2926

1273 P 714