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

Do not use this space.

15328

File No.
Registered No. 25315

MAY 19 1936

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. Research Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Richard J. House
(a) Residence, No. 3810 College Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR WIFE OF)~~ Mrs Lucy W. House

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1869

7. AGE: Years 66 | Months 8 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mutual Finance Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME James T. House
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Nancy Creigh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Lucy W. House, 3810 College Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE Apr. 17, 1936

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel, Kansas City, Missouri

20. FILED Apr 17, 1936 M. M. Crowner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1936, to Apr 15, 1936
I last saw h. alive on 4-15-36, 1936. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema, Thrombosis coronary	
11902	

Other contributory causes of importance:
Pyloric obstruction due to old ulcer

Name of operation Gastroenterostomy Date of Apr 10
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Grant Bolin, M. D.
(Address) 928 Professional Bldg.

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 PLAINLY, WITH INK, AND THIS IS A PERMANENT RECORD

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