

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.

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

Do not use this space.

**OCT 15 1936**

34394

**1. PLACE OF DEATH**

County Jackson  
Township Wray  
City Kansas City, Mo.

Registration District No. 399  
Primary Registration District No. 1002

File No. 34394  
Registered No. 34394  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bethenia K. Richards  
(a) Residence, No. No. Kansas City, Mo. R. 5 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Daniel S. Richards</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 - 1861</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>3</u>
	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Platte Co Mo</u>		
FATHER	13. NAME <u>Johnson Amely</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flora</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Jess Richards</u> <u>No. Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Sept 18 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Morton Funeral Home</u> <u>No. Kansas City, Mo.</u>		
20. FILED <u>Sept 7 1936 m. m. brown</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1936, to 9-5, 1936  
I last saw her alive on 9-5, 1936 Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:  
hemia

Other contributory causes of importance:  
dry do - nephros  
dry do - uterus  
arterio-sclerosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? glucosol 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  
also, specify \_\_\_\_\_  
(Signed) Carroll P. Hargrave, M. D.  
(Address) 1010 Park Blvd  
K.C. Mo.

Date of onset  
9-2-36  
?  
?  
?

