

REC'D JAN 25 1939

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

3548  
Do not use this space.

1. PLACE OF DEATH  
(a) County Platte Registration District No. 695  
(b) Township Pettis Primary Registration District No. 5922 Registered No. \_\_\_\_\_  
(c) City Parkville (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
263

2. PRINT FULL NAME Harry S. Richards  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Ina Redmond  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1883  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55 6 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Machinist  
10. Date deceased last worked at this occupation (month and year) Sept 3-1938 11. Total time (years) spent in this occupation Life  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania  
13. NAME John Richards  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?  
15. MAIDEN NAME Eliza ?  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Mrs. H. H. Richards  
Parkville Mo  
18. BURIAL, CREMATION, OR REMOVAL German DATE Jan 5 1939  
19. FUNERAL DIRECTOR (ADDRESS) Leland G. Francis  
Parkville Mo  
20. FILED 1-10 1939 S. P. Ford  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-3 1939  
22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:  
Gunshot wound. Self-inflicted Date of onset \_\_\_\_\_  
Pist gun (.410 Ga.) in mouth  
& Pushed trigger  
167  
Other contributory causes of importance:  
Small Pansyctic stroke  
some 4 months ago &  
damaged his mind.  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO  
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?  
If so, specify \_\_\_\_\_  
Leland G. Francis Casper  
(Signed) \_\_\_\_\_ M. D.  
Parkville Mo. 4 co.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

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**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... I. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**