

FILED APR 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1293

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6033 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES E. RICHEY 200
3. (b) If veteran, name was SPANISH ARMY
3. (c) Social Security No. No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Mary E. Richey
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased: FEB 14 1890
(Month) (Day) (Year)

8. AGE: Years 20 Months 1 Days 9 If less than one day hr. min.

9. Birthplace: Unknown Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation: unknown

11. Industry or business 9

MOTHER { 12. Name unknown
13. Birthplace —
(City, town, or county) (State or foreign country)
14. Maiden name COMPTON
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J.O. Goss
(b) Address 6033 Prospect, K.C. Mo.

17. (a) Burial (b) Date thereof 3-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crematory Hill (Cemetery)

18. (a) Signature of funeral director Booth

(b) Address Rick Hill, Mo.

19. (a) Mch 24, 1940 (b) M.M. Brome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Bate
(c) City or town RICH HILL, MO.
(If outside city or town limit, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION 3-23-40
20. DATE OF DEATH: Month March Day 29 - 40
year 40 - hour 11 minute 11:40 A.M.

21. I hereby certify that I attended the deceased from 2-18-40
19—, to 3-23 1940
that I last saw h in alive on 3-19- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death alcoholic Dementia 9-1-40
Duration

Due to Chronic alcoholism gave mental coma developed

Due to food refused and starvation came.

Other conditions Pleurisy began the collapse mentally

Major findings: Of operations —
Of autopsy no 175B
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (e) Means of injury —

23. Signature N.E. Spear (M. D. or other)

Address 308 1/2 Coleman Date signed 3-23

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.