

FILED OCT 13 1940

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Jackson *Wash. Bur.*  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8012 Woodland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution --- 3  
In this community 40 Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Mr. Frederick Louis Richt

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Nora M. Richt 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased February 18 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 6 19 hr. min.

9. Birthplace Sedalia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist 6

11. Industry or business 8012 Woodland 0

12. Name John Conrad Richt

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Victor B. Blum

(b) Address 104 W. Linwood

17. (a) Burial (b) Date thereof Sept. 11, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director B. W. Newcomer, Sons

(b) Address Paseo & Brush Creek

19. (a) 9-15-40 (b) R. V. Underwood  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5546 Paseo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 11 1940 to Sept 11 1940;

that I last saw him on Sept 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Pulmonary Congestion

Due to and Edema

Due to and Edema

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9412

Of autopsy

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

(a) Accident, suicide, or homicide (specify)

(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?  
365 While at work (Specify type of place) (Cause of injury)

23. Signature K. C. ... (M. D. or other) 5

Address K. C. ... Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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 C. Hervey Quisenberry

Licensed Embalmer No. 4072

P. O. Address A. C. M.

**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.**