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FILED FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1116

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 26

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:  
1703 Montgal  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha L. Rickel

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color of race white

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Thomas W Rickel

6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year)

7. Birth date of deceased Dec 14 - 1864

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>19</u>	hr. min.

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER {

12. Name Josephine Spencer

13. Birthplace Mo 1  
(City, town, or county) (State or foreign country)

14. Maiden name Morning Masten

15. Birthplace Tenn 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Rickel

(b) Address 1703 Montgal

17. (a) Removal (b) Date thereof Dec 14 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dearborne Me

18. (a) Signature of funeral director Mr C R Foster

(b) Address 918 Brooklyn

19. (a) Jan 6, 1941 (b) M. M. Grome  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town 1703 Montgal 48  
(If outside city or town limits, write "RURAL")

(d) Street No. Kansas City mo 3  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3  
year 1941 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from 7-15  
1940, to 1-3, 1941;  
that I last saw him alive on 1-3, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure

Due to hypertensive heart disease

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 930

Of autopsy

PHYSICIAN

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)

(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature L. W. Brumm (M. D. or other)  
Address 3200 July Ave Date signed 1-4-41

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

Dr. Brown.

**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 Dr. C. Brown

Licensed Embalmer No. 2224

P. O. Address: H. C. 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.)**

If this body is not embalmed, fact should be so stated above.