No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7155+

State File No.

FILED MAR 17 1941 398

Registration District No.

Primary Registration District No. 5554

Registrar's No. 50505

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: New Hiway 40 & Denton 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2803 E. 31st 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Walter D. Richter

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ivadell F. Richter

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 3 (Day) 1884 (Year)

8. AGE: Years 56 Months 3 Days 1 day If less than one day hr. min.

9. Birthplace Mt Pulaski Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Mill worker

11. Industry or business Larabee Flour Mills

FATHER
12. Name No record
13. Birthplace No record 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record 9 (City, town, or county) (State or foreign country)

16. (a) Informant Ivadell F. Richter
(b) Address 1233 Custer, Kansas City, Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.

19. (a) Feb. 15, 1941 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1941 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19.. to ..., 19..; that I last saw him alive on Dorothy Corows, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing Injury of Chest

Due to Hemothorax

Due to Automobile Traumatism

Other conditions Pedestrian
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident 48
(b) Date of occurrence 2-4-41
(c) Where did injury occur? Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3 1-D Hi way (Specify type of place)
While at work? (e) Means of injury Hit by Car

23. Signature Russell W. Kess (M. D. or other) 3
Address Kens Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Lloyd A. Larson

Licensed Embalmer No. 2199

P. O. Address Independence

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.