No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17416

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2078

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: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days (Specify whether years, months or days)

In this community 52 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Fairmount - Rural (If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 6 Fairmount (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Mary Grimme Richmond

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Edwin M. Richmond

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October (Month) 22 (Day) 1886 (Year)

8. AGE: Years 54 Months 7 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Operator

11. Industry or business Grimme Dress Shop

FATHER
12. Name Frank Grimme
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Effing
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant E. M. Richmond

(b) Address Fairmount Sta Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 28 (Day) 1941 (Year)

(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 27 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from May 1 1941 to May 25 1941 that I last saw her alive on May 25 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 24 days anyway

Due to Fall in her home

Due to 18 hrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Accident 123

(b) Date of occurrence About Apr 23 1941

(c) Where did injury occur? Fairmount (City or town) Jackson (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In her own bedroom (Specify type of place)

While at work? No (e) Means of injury Rug slipped

23. Signature Geo F Pendleton (M. D. or other) MD

Address 933 Prof Bldg Date signed 4/26/41

(Licensed Embalmer's Statement on Reverse Side)

933. Unspecified Body
2-4

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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