

REGISTRATION DISTRICT NO. 399

Primary Registration District No. 1002

Registrar's No. 4587

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 434 S. Hardesty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3 1/2 Months / (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARA B. RICHTER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 28, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 13 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Nicholas Graham

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

14. Maiden name Katherine Malone
(City, town, or county) (State or foreign country)

15. Birthplace England, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Lujin

(b) Address 434 S. Hardesty

17. (a) Removal (b) Date thereof 12/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd., K. C. Mo.

19. (a) Dec 10-1941 (b) mm Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 080
(c) City or town Smithton 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1941 hour 8 minute 30 A.M.

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

Immediate cause of death — Cerebral Hemorrhage 4 days
Arterio Sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

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

23. Signature R. Williams (M. D. or other) MD

Address 5400 S. John A. Date signed 12/10/41

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.....
Wilton L. Kelley

Licensed Embalmer No.....
04225

P. O. Address.....
Independence,

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

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

B
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2659

FILED JAN 30 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 4587

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(c) Name of hospital or institution:
434 J. Hardesty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME

Belara B Richter

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex fe 5. Color or race..... 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: 78 Years Months Days If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

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

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) 1/26/42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

PHYSICIAN CERTIFICATION

20. DATE OF DEATH..... month Dec day 10 year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from 11/18 1941 to 12/10 1941; that I last saw him alive on 12/10 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to.....
Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 83a!

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).....
(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.....
22. Signature: Red Williams (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

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

S-40909