S. No. 2
I—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42015

FILED DEC 16 1942 404

Registration District No. 404 Primary Registration District No. 5558 Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Ohio Tp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8736 Minnie haha Lane
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8736 Minnehaha Lane
(If rural, give location)

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

3. (a) PRINT FULL NAME John Frank Richards

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife ----

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

7. Birth date of deceased September (Month) 23 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
75	3	1	hr. min.

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

10. Usual occupation Truant Officer (Retired)

11. Industry or business

FATHER
12. Name John Richards
13. Birthplace Dawlais (City, town, or county) 4 Wales (State or foreign country)

MOTHER
14. Maiden name Elizabeth ----
15. Birthplace _____ (City, town, or county) 4 Wales (State or foreign country)

16. (a) Informant John Frank Richards Jr.
(b) Address 8736 Minniehaha Lane

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-25-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bevier Missouri

18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City, Mo.

19. (a) 1-5-42 (Date received local registrar) (b) Mrs Jos T. Brennan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 13, 1941, to Dec 24, 1941;
that I last saw him alive on Dec 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	1 week
Anemia	1 week
Due to Cystitis, vesical hemorrhage	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 135 b 2
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Leo J. Brennan (M. D. or other) M.D.
Address K. C. Mo Date signed 12/24/41

(Licensed Embalmer's Statement on Reverse Side)

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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 Thos A. Redmon

Licensed Embalmer No. 2287

P. O. Address K.C. Mo

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.