

FILED OCT 5 1942

Registration District No. **149**

Primary Registration District No. **1002**

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: 2511 Olive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 76 yrs.
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. 2511 Olive **8**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John N. Richards

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Male **0**

5. Color or race Wh

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

(b) Name of husband or wife Lyda E. Richards

(c) Age of husband or wife if alive Deceased years

7. Birth date of deceased November 5, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 24

If less than one day
hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business Self

MOTHER FATHER {

12. Name No Record Richards **A**

13. Birthplace No Record No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Goldie Richards

(b) Address 2511 Olive

17. (a) Burial (b) Date thereof 10-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Enter Funeral Home

(b) Address 1901 Olathe Blvd. K.C., Kans.

19. (a) 9-30-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1942 hour 10 minute _____ A.M.

21. I hereby certify that I attended the deceased from Sept 29
1942 to Sept 29 1942
that I last saw him alive on Sept 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis **5-day**
years

Due to 830

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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 0

23. Signature George H. Marshall (M. D. witness)
Address 5-20 Poplarville Park Date signed 9-30-42

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.....

Wm J Ward

Licensed Embalmer No.....

3991

P. O. Address.....

309 E 67 St
26 E 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.