No. 2
-5-42
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X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1296

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 456

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. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community 5 Days

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Mo. (b) County Jackson 0
(c) City or town Gashland 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Wm. J. Richards
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 510-07-2220
4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opal Richards
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased April (Month) 29 (Day) 1896 (Year)
8. AGE: Years 46 Months 8 Days ~~18~~ 28 If less than one day hr. min.
9. Birthplace Gallatin (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Truck driver Hi*Lewis
11. Industry or business Oil Co.
12. Name Pearly Richards (Father)
13. Birthplace Davies Co. (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Lena McClain (Mother)
15. Birthplace Davies Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Opal Richards
(b) Address Gashland Mo. R.R.#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Creek More-Altamont Mo.
18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.
19. (a) 1-28-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27 year 1943 hour 8 35 p.m. minute M.
21. I hereby certify that I attended the deceased from 1/23/43, 19..., to 1/27/43, 19...; that I last saw h. alive on 1/27/43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to: ? C.N.S. Lues	
Due to: — 304 X U	
Other conditions (Include pregnancy within 3 months of death): —	

Major findings:
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? —
(Specify type of place)
While at work? — (e) Means of injury —
23. Signature F. H. Hodgson (M. D. or other)
Address 200 Plaza Med Bldg Date signed 1/28/43

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1943

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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

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