

APR 15 1943

Registration District No. **146**

Primary Registration District No. **3026**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Independence Sanitarium**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Independence Sanitarium 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
(Specify whether years, months or days) **About 36 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Johnson 4**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL") **3**
(d) Street No. **5020 West 52nd Street**
(If rural, give location) **1**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **---**

3. (a) PRINT FULL NAME **Mrs. Frankie May Thompson Richards**

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 **Widowed**

6. (b) Name of husband or wife **Mr. William H. Richards** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **January 20 1895**
(Month) (Day) (Year)

8. AGE: Years **48** Months **1** Days **26** If less than one day hr. min.

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

10. Usual occupation **Retired At Home Credit Department**

11. Industry or business **B.-F. Goodrich Tire Company**

12. Name **Charles Thompson**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Flora Wright**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L. C. Thompson**

(b) Address **814 E 23 St W. L. Mo**

17. (a) **Burial** (b) Date thereof **Mar. 19, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Breckenridge, Missouri**

18. (a) Signature of funeral director **O. H. Newcomer, Lou**

(b) Address **Kansas City, Missouri**

19. (a) **3-18-1943** (b) **James W. Ross**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15th**
year **1943** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **1942** to **1943**;
that I last saw him **Deputy Coroner** on **1943**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pontine hemorrhage**
Due to **Acute Pulmonary Edema**

Other conditions **Edema**
(Include pregnancy within 3 months of death)

Major findings: Of operations **730!**
Of autopsy **See Above**

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) (c) Means of injury _____
23. Signature **O. H. Newcomer** (M. D. or other) **3/16/43**
Address **23rd W. Mo** Date signed **3/16/43**

JUN 18 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 *Ernie M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *F. 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.