

FILED MAY 5 1944  
149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:  
4109 Locust Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)

In this community 26 years, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mabel Haines Richey

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

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

6. (b) Name of husband or wife Harry L. Richey 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased January 11 1862  
(Month) (Day) (Year)

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

82 3 15 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER

12. Name Stacy A. Haines,

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

14. Maiden name Alma Johnson

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

16. (a) Informant Miss Winifred Haines,

(b) Address 4109 Locust, Kansas City, Mo.

17. (a) Removal (b) Date thereof 4-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muncie, Indiana

18. (a) Signature of funeral director Stine & McClure.

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-26-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

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

(d) Street No. 4109 Locust Street,  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th  
year 1944 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from April 12th 1944 to April 26 1944  
that I last saw her alive on April 25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage Duration

Due to arterio-sclerosis 10400

Due to

Other conditions (Include pregnancy within 3 months of death)  
James M. Crawford, M.D. PHYSICIAN

Major findings:  
Of operations

Of autopsy ASW

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 N. E. Brown (M. D. or other)  
Address Date signed

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

Dr. Harriet Crawford, Mo 9607

1401629  
Commerce Bldg  
1030 A N. C.

**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 *Walter L. Kepley*  
Licensed Embalmer No. 4225  
P. O. Address Kansas City, 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.**