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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 7 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40544  
Registrar's No. 5406

Registration District No. 199 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: St. Luke's  
(d) Length of stay: In hospital or institution 10 days  
In this community 50 yrs.

3. (a) PRINT FULL NAME Richard M. De Fries  
(b) If veteran, name war NONE  
(c) Social Security No. NONE  
5. Color or race white  
6. (a) Single, widowed, married, divorced, MARRIED  
(b) Name of husband or wife Carrie L. Hart  
(c) Age of husband or wife if alive 69 years  
7. Birth date of deceased May 11, 1877

8. AGE: Years 69 Months 7 Days 15  
If less than one day hr. min.

9. Birthplace Gentry County Mo

10. Usual occupation BARBER

11. Industry or business SAME

MOTHER FATHER { 12. Name John F. De Fries  
13. Birthplace Kentucky  
14. Maiden name Ann Powell  
15. Birthplace Kentucky

16. (a) Informant Carrie L. De Fries

(b) Address Smithville Mo

17. (a) Burial (b) Date thereof Dec 27, 1946

(c) Place: burial or cremation Smithville Mo

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

(b) Address Smithville Mo

19. (a) 12-26-46 (b) Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Chay 24  
(c) City or town Smithville, Mo 0  
(d) Street No. -  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country NONE 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26  
year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 11/25, 1946 to 12/25, 1946  
that I last saw him alive on Dec 25, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to 528

Other conditions Cancer of the bladder

Major findings: Cancer of the bladder.  
Of operations  
Of autopsy: None

Duration  
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?  
(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  
23. Signature Ralph J. Okerblod (M. D. or other)  
Address 1530 Professional Bldg Date signed

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

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 \_\_\_\_\_

Donald W. Hanks, Registered Apprentice No. 425  
working under my personal supervision.

Signed Dwight J. Boggess Jr.  
Licensed Embalmer No. 3940  
P. O. Address Smithville, 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.**