S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9349

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1219

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
815 Monroe Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Forty-four years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Missouri 3
(If outside city or town limits, write "RURAL")

(d) Street No. 815 Monroe Street 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Charles Louis Rickher

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. 493-14-8390

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Daisy Ann Coleman

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February (Month) 24 (Day) 1878 (Year)

8. AGE: Years 69 Months 0 Days ~~17~~ 19 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Restaurant business - retired

11. Industry or business Restaurant

FATHER
12. Name Joseph Rickher
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Amelia Heth
15. Birthplace (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Mrs. Martha Rickher Farmer

(b) Address 103 East 51st Terrace, KanCity, Mo

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof MAR-17-1947 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director O.W. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 3-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1947 hour 2 minute 45 p.M.

21. I hereby certify that I attended the deceased from only one visit March 13, 1947, to , 19 ;
that I last saw him alive on March 13, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	2 days
Due to Bronchial pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107

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) does not apply

(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 0

23. Signature Daniel S. Marker (M. D. or other) MD

Address Vets Admn., Kan. City 6, Mo. Date signed 3-14-47

(Licensed Embalmer's Statement on Reverse Side)

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 E Smith

Kansas Licensed Embalmer No. 1507.

P. O. Address Goodland Kans.

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.