

National Office of Vital Statistics
FILED JUN 30 1947
Registration District No. 1947

Primary Registration District No. 1002

Registrar's No. 2655

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 3510 TROOST AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3510 TROOST AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME IDA MAY RICHARDS

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17th
year 1947 hour 2 minute 35 A.M.

21. I hereby certify that I attended the deceased from 5-1-46, 1946, to 6-17-47, 1947
that I last saw him alive on 6-16-47
and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia Duration 2 yrs.

8. AGE: Years 79 Months 11 Days 13 If less than one day hr. min.

Due to ---
Due to ---

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

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)
PHYSICIAN ---
Underline the cause of which death should be charged statistically.

10. Usual occupation AT HOME

Major findings: Of operations ---
Of autopsy 740

MOTHER FATHER
11. Industry or business ---

12. Name CHARLES OTIS RICHARDS

13. Birthplace BONE PART, MICHIGAN (City, town, or county) (State or foreign country)

14. Maiden name BELE C. CARR

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

16. (a) Informant Mrs. Lula Foley

(b) Address 3510 TROOST, K.C. Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 19 1947 (Month) (Day) (Year)

(c) Place: burial or cremation EUDORA, KANSAS

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-19-47 (Date received local registrar) (b) Gertrudine Holmes (Registrar's signature)

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) (e) Means of injury ---
23. Signature Robert M. Tarkenton (M. D. or other) M.D.
Address 306 E 12 Date signed 6-17-47

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

836
2:30.5
1949

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 E Oscar Northey
Licensed Embalmer No. 1767
P. O. Address Kansas City

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.