. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27898

FILED AUG 19 1947

Registration District No. 479 — Primary Registration District No. 1002 — Registrar's No. 3406

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: St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: life

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.: 5414 East 25th Street 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: David RICHESON
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: --
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: February (Month) 21, (Day) 1946 (Year)

8. AGE: Years 1 | Months 5 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace: Kansas City (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Infant
11. Industry or business:
FATHER 12. Name: Luther Richeson
13. Birthplace: Brownington (City, town, or county) Mo. (State or foreign country) 0
MOTHER 14. Maiden name: Elizabeth Shephard
15. Birthplace: Clinton (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant: Luther Richeson
(b) Address: 5414 East 25th St. K.C. Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Clinton, Mo.
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Mo.
19. (a) 8-9-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: August day: 9th
year: 1947 hour: 5 minute: 20 P.M.
21. I hereby certify that I attended the deceased from: 8-6, 1947 to: 8-9, 1947
that I last saw him alive on: 8-9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastro-intestinal infection - ? Moniliasis	
Due to: Thrush	
Tracheo-bronchitis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 10 to C
Of autopsy: Fam

PHYSICIAN
Underline the cause of 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? (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: C.C.H. Schmidt (M. D. or other)
Address: [illegible] Date signed: Aug 9 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Va 1200

Mr Smith
5 ft floor

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 Glen E. Heck

Licensed Embalmer No. 4063.

P. O. Address K. C. 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.