. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38384

FILED DEC 15 1947

Local Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5068

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 7042 South Benton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 36 Years
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") 8
(d) Street No. 7042 South Benton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Tena Rickert
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife John Rickert
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased 5 (Month) 21 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
51	6	8	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Gideon T. White
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha R. Cardwell
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. John Rickert
(b) Address 7042 South Benton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-2-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hill
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri
19. (a) 12-2-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th.
year 1947 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from Feb. 19 1944 to Nov. 29 1947
that I last saw him alive on Nov. 29 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hyper tension	yrs.
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature C. C. Lumsden (M. D. or other) MD
Address Grey Temple Kc Mo Date signed Dec 1 '47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Quistgard
6944 Prospect
Ja ~~4973~~ 4793.
1-4-PM. Mond.

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 Jerry A. Minor, Registered Apprentice No. 437, working under my personal supervision.

Signed Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn 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.