

FILED JUN 7 1948  
 149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2180

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:  
General Hospital #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 hours  
 In this community 67 years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3517 Benton Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HELEN RICHTER  
 3. (b) If veteran, name war No 3. (c) Social Security No. 492-18-5120

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 22  
 year 1948 hour 8 minute 5 P. M.  
 21. I hereby certify that I attended the deceased from May  
22nd., 1948, to May 22, 1948;  
 that I last saw her alive on 5-22, 1948  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Henry E. Richter  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 21st. 1881  
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of sigmoid with metastasis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 462  
 (Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 2 Days 1  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy As above  
 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 \_\_\_\_\_

9. Birthplace Kansas City Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Nathan McCowan

13. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know

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

16. (a) Informant Miss Florence Richter

(b) Address 3517 Benton Blvd.

17. (a) Burial (b) Date thereof 5-25-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary  
 (b) Address Kansas City, Missouri

19. (a) 5-24-48 (b) Heraldine Holmes  
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]  
 Address General Hospital Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Amos C. Redelin*

Licensed Embalmer No.

*3495*

P. O. Address

*X 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.**