No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1948

Registration District No. 7 9

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33065

Primary Registration District No. 1002

Registrar's No. 4214

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: 3517 Benton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 60 years

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: Mrs. Julia Auer Richter
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Christian Richter
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: December (Month) 14th. (Day) 1856 (Year)
8. AGE: Years 91 Months 10 Days 00 If less than one day ____ hr. ____ min.
9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business ____
FATHER
12. Name: John Auer
13. Birthplace: Switzerland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Don't Know
15. Birthplace: Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Florence E. Richter
(b) Address: 3517 Benton Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-16-48 (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) 10-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 14th. year: 1948 hour: 3 minute: P. M.
21. I hereby certify that I attended the deceased from Jan 1948 to Oct 14 1948 that I last saw her alive on Oct 14 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility	
Due to: Hypostatic Cong of lungs afebrile	wek
Due to: Thrombosed phlebitis of left external clavicular vein	3 days
Other conditions: Senile dementia (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations: NO
Of autopsy: NO

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) ____
(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 ____
23. Signature: D P Klepinger (M. D. or coroner) D. P. Klepinger
Address: 500 Argyle Bldg KC Mo Date signed: 10/15/48

(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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.