

S. No. 2
9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 8 1948

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 171

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

19
6
2

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City

(c) Name of hospital or institution: 703 N. Penn. /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 63 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6

(If outside city or town limits, write "RURAL")

(d) Street No. 703 N. Penn. 2

(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James H. Richards

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. Tesesa Richards 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 5 1876 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	10	22hr.min.

9. Birthplace Hazelgreen Wis. / (City, town, or county) (State or foreign country)

10. Usual occupation Mine Operator (retired)

11. Industry or business

MOTHER FATHER { 12. Name Henry John Richards 9

{ 13. Birthplace No Data 9 (City, town, or county) (State or foreign country)

{ 14. Maiden name No Data 9

{ 15. Birthplace No Data 9 (City, town, or county) (State or foreign country)

16. (a) Informant (Wife) Tesesa Richards

(b) Address 703 N. Penn Webb City, Mo.

17. (a) Burial (b) Date thereof 11/30-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) DEC. 30 1948 (b) [Signature] (c) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 year 1948 hour I minute 30p.M.

21. I hereby certify that I attended the deceased from Nov 23 1948 to Nov 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Robert J. Kennedy 7 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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

Signature: [Signature] (M. D. or other) Date signed: 11/30/48

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

Richard Gray Lewis

Licensed Embalmer No. *51403*

P. O. Address

Webb 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.