

FILED APR 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 1212

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>7 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5414 E. 25th St.</b>			d. STREET ADDRESS (If rural, give location) <b>5414 East 25th</b>		

3348  
3340

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>MICHAEL</b> c. (Last) <b>RICHESON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 12 1950</b>		
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>February 7, 1943</b>	9. AGE (In years last birthday) <b>7</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>			

13a. FATHER'S NAME <b>Luther Richeson</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Shepherd</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Luther Richeson, 5414 E. 25th K. C. Mo</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneum</b>		<b>2 d</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Spastic Paralysis -</b> <b>(Congenital)</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>351X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **16 July 19 48** to **11 Mar, 19 50** that I last saw the deceased alive on **11 Mar, 19 50** and that death occurred at **7:15 P m.,** from the causes and on the date stated above.

23a. SIGNATURE <b>Robert M. Myers M.D.</b> (Degree or title)	23b. ADDRESS <b>1025 Rialto Bldg.</b>	23c. DATE SIGNED <b>3-14-50</b>
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24a. BURIAL CREMATION (Specify) <b>Burial</b>	24b. DATE <b>March 15, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3-14-50</b>	REGISTRAR'S SIGNATURE <b>Steraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILKS FUNERAL HOME 2315 Linwood K. C. Mo</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Robt Myers  
Rialto Building  
VI 4751

11-5 P.M.

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address Hansas 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.