

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23195

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3008

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (In this place) 2 1/2 yrs | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2 | | d. STREET ADDRESS (If rural, give location) 1907 East 10th Street | |

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|---|------------------------|--|--|--|------------------------------------|
| 3. NAME OF DECEASED (Type or Print) PEARL LAWRENCE RICHARDS | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 12 1951 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MARCH 1 1902 | | 9. AGE (In years last birthday) 49 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAUNDRESS | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) MEMPHIS, TENNESSEE | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|--|--|-------------------------------------|--|--|--|
| 13a. FATHER'S NAME JIM HENRY McGROW | | 13b. MOTHER'S MAIDEN NAME DELIAH | | 14. NAME OF HUSBAND OR WIFE MCKINLEY RICHARDS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NA | | 16. SOCIAL SECURITY NO. 512-16-3369 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MCKINLEY RICHARDS 1908 East 10th; Apt. 4 | |

| | | | | | |
|--|--|---------------------------------------|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA | | ANTECEDENT CAUSES | | | 443X |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) CHRONIC GLOMERULONEPHRITIS | | | |
| | | DUE TO (c) HYPERTENSIVE HEART DISEASE | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | ANEMIA, PEDAL EDEMA, HEPATOMEGALY | | | |

| | | | | | |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 7-1, 1951, to 7-12, 51, that I last saw the deceased alive on 7-12, 19 51 and that death occurred at 12:10A m., from the causes and on the date stated above.

| | | | | | |
|---|--|-----------------------------------|--|--------------------------|--|
| 23a. SIGNATURE Frank Ellis M.D. (Degree or title) | | 23b. ADDRESS 600 East 22nd Street | | 23c. DATE SIGNED 7-12-51 | |
|---|--|-----------------------------------|--|--------------------------|--|

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|--|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7/16/1951 | | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | 24e. FUNERAL DIRECTOR'S SIGNATURE Geraldine Holmes | | 24f. ADDRESS 1212 N. 1st | |
| DATE REC'D BY LOCAL REG. 7-16-51 | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE | |

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

2007 12 11 AM

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *E. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address *1712 Vine St*

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.