

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37528  
4967

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

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 OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 45 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 2016 E. 7 St.	
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) H. c. (Last) Richards			4. DATE OF DEATH (Month) 11 (Day) 18 (Year) 51
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24 1972
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (State or foreign country) Windsor- England-
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Mason		13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE Harry E. Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME Harry E Richards	ADDRESS 2016 E-7 St K. C. Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		153X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 Oct. 27 1951, to Nov. 18 1951, that I last saw the deceased alive on Nov. 18 1951, and that death occurred at 2:15P. m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns	(Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 11-19-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Nov 21 1951	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 11-20-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster	ADDRESS 918 Brooklyn Kas. City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*H. E. Owens*

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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 *Sean Owens*.....

Licensed Embalmer No. 2280.....

P. O. Address K. E. 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.