

STANDARD CERTIFICATE OF DEATH

State File No. **31830**
3917

FILED SEP 20 1952

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 township) OR TOWN **Kansas City**

c. LENGTH OF STAY (In this place) **20 yrs**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Research Hospital**

d. STREET ADDRESS **1623 Summit**

3298

3. NAME OF DECEASED (Type or Print) a. (First) **ETHEL** b. (Middle) _____ c. (Last) **RICHMOND** 4. DATE OF DEATH (Month) **9** (Day) **4** (Year) **52**

5. SEX **Fe** / 6. COLOR OR RACE **Wh** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **12-25-1897** 9. AGE (In years last birthday) **54** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Presser** 10b. KIND OF BUSINESS OR INDUSTRY **Garment Company** 11. BIRTHPLACE (City and State or Foreign, Country) **Miami, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Eugene F. Uzzell** 13b. MOTHER'S MAIDEN NAME **Lurinda Sullivan** 14. NAME OF HUSBAND OR WIFE **James J. Richmond**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** / **XX** 16. SOCIAL SECURITY NO. **510-03-6808** 17. INFORMANT'S SIGNATURE OR NAME **Jas. J. Richmond** ADDRESS **1623 Summit, K.C. Mo**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Thyroid** INTERVAL BETWEEN ONSET AND DEATH **3 mos.?**

ANTECEDENT CAUSES **with pleural and central Nervous system Metastases**

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. **1947**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Aug. 19, 1952** to **Sept 4, 1952**, that I last saw the deceased alive on **Sept 3, 1952**, and that death occurred at **12:45 A.M.** from the causes and on the date stated above.

23a. SIGNATURE **W. C. Layton** (Degree or title) **MD** 23b. ADDRESS **Argyle Bldg - K.C., Mo.** 23c. DATE SIGNED **9.4.52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9-6-52** 24c. NAME OF CEMETERY OR CREMATORY **Paola Cemetery** 24d. LOCATION (City, town, or county) (State) **Paola, Kansas**

DATE REC'D BY LOCAL REG. **9-4-52** REGISTRAR'S SIGNATURE **Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **J. W. Wagner** ADDRESS **K 6 Mo.**

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

Original

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 *Abner R. Haenschel*

Licensed Embalmer No. *4159*

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.