

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22349**
3258

FILED AUG 11 1955

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) **45 Yes**

c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4009 East 17 St.**

e. STREET ADDRESS (If rural, give location) **4009 East 17 St.** **3238**

3. NAME OF DECEASED (Type or Print)
a. (First) **Margaret** b. (Middle) _____ c. (Last) **Rickords**

4. DATE OF DEATH **July 29 1955**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **Sept. 1 1905**

9. AGE (In years last birthday) **49** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 18 Hrs. _____ 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 (City and State, or Foreign Country) **Denver, Colorado**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Michael W. Leonard**

13b. MOTHER'S MAIDEN NAME **Anna McNamara**

14. NAME OF HUSBAND OR WIFE **William C. Rickords**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs Anna Traintos 4009 E. 17 St. K.C. Mo.**

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) **Acute Peritonitis**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Intestinal Obstruction**

DUE TO (c) **Carcinoma Pectus**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

154x

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE **natural**

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:32 A m.**, from the causes and on the date stated above.

23a. SIGNATURE **Hugh H. Owens** (Degree or title) **3**

23b. ADDRESS **1034 Pinalto Blvd**

23c. DATE SIGNED **7-29-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **July 30 1955**

24c. NAME OF CEMETERY OR CREMATORY **Elmwood Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **7-30-55** REGISTRAR'S SIGNATURE **Neva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Mrs C.L. Forster Funeral Home K.C. Mo.**

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE "A" PERMANENT RECORD

No. 300
10-48

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Raymond H. Stroman*

Licensed Embalmer No. *426*

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.