

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

Rev. 5-17-39  
1 x10511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Board of Health

State File No.

38573

DEC 11 1939 399  
Registration District No.

Primary Registration District No.

1007

Registrar's No.

4337

1. PLACE OF DEATH:

(a) County Jackson 2  
(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
No.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No.  
In this community 25 years  
years, months or days (Specify whether)

8. (a) PRINT FULL NAME William C. Rickords 263

3. (b) If veteran, name war no  
3. (c) Social Security No. 487-01-8315

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Margaret Richards  
6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Nov. 4th.  
(Month) (Day) (Year)

8. AGE: Years 61 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Operator K.C. Pub. Service Co.

11. Industry or business 20 Years. 1

MOTHER FATHER { 12. Name Samuel B. Rickords 1

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Harlow 1

15. Birthplace Penna.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Margaret Rickord,

(b) Address 4834 1/2 East 9th, Str., K.C. Mo.

17. (a) Burial (b) Date thereof Nov. 14 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Nov. 13 1939 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4834 1/2 East 9th, Str., City.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th, 1939  
year 1939 hour \_\_\_\_\_ minute 12:45A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Schistosomiasis  
Due to Acute Pulmonary Edema  
Due to \_\_\_\_\_

Other conditions 99%  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James L. Brown (M. D. or other)

Address K.C. Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Theron R. Bedner

Licensed Embalmer No. 2737

P. O. Address W. C. Moore

**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, above space should be left blank.**