V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9888

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1322

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kaw (If outside city or town limits, write "RURAL" and name of township) Kansas City

(c) Name of hospital or institution: 3315 Wabash (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 56 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Missouri (If outside city or town limits write "RURAL")

(d) Street No. 3315 Wabash (If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME James Francis Rider 260

3. (b) If veteran, name war No

3. (c) Social Security No. 495-09-0876

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beulah Rider

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased January (Month) 10th. (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
56	2	11	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name No Record

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Beulah Rider

(b) Address 3315 Wabash

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery, K.C.Mo.

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

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

19. (a) Mch 25, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1940 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 21, 1940 to March 21, 1940 that I last saw him alive on March 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	2 days
Due to 108	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Myocardial Disease	—

Major findings:
Of operations —
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Robert Janson (M. D. or other) M.D.

Address 2220 E. 31st St. Date signed 3-22-40

(Licensed Embalmer's Statement on Reverse Side)

2220-C-31 at
Jan 1818
4 P.M.

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. #2570

P. O. Address K.C. 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, above space should be left blank.