DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D MAY 15 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14103

Primary Registration District No. 1002

Registrar's No. 1815

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No. 2544 Wabash (If rural, give location)

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

3. (a) PRINT FULL NAME: ORVAL RICH

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Margaret

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: Feb (Month) 26 (Day) 1883 (Year)

8. AGE: Years 47 | Months 2 | Days 2 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Proprietor

11. Industry or business: Parking Station

FATHER 12. Name: Warren Rich

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

MOTHER 14. Maiden name: Martha Belcher

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

16. (a) Informant's own signature: Mrs. Margaret Rich

(b) Address: 2544 Wabash

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 1, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Rich Hill, Mo.

18. (a) Signature of funeral director: Forest H. Anderson

(b) Address: K.C., Mo.

19. (a) April 29, 1940 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th year 1940 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from 4-25-40, 19__, to 4-28-40, 19__; that I last saw him alive on 4-28-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute cardiac decompensation	
Due to: Coronary thrombosis with	
Bronchopneumonia	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:

Of autopsy: None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: G. F. De Maria M.D. (M. D. or other)

Address: Supt. K. C. Gen. Hospital, K.C. Mo. Date signed

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.

(Licensed Embalmer's Statement on Reverse Side)

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 Van Lawson (apprentice), Registered Apprentice No. ..... working under my personal supervision.

Signed John B. Earp

Licensed Embalmer No. 2955

P. O. Address 14 C. Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.