

AUG 14 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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:
3364 Baltimore Avenue
(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 16 Years

8. (a) PRINT FULL NAME Mr. Benjamin Bruce Rich

3. (b) If veteran, name war No
3. (c) Social Security No. 495-03-468

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Dorothy Mae Rich
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased November 18, 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>7</u>	<u>17</u>	<u>1</u> hr. <u>1</u> min.

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

10. Usual occupation Boxing Coach

11. Industry or business Municipal Boxing Club

MOTHER FATHER
12. Name S. F. Rich Osborne
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Fawn
15. Birthplace Corsicana, Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Myers
(b) Address 4050 Baltimore

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof July 8, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director Ch. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) July 8, 1940 (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
(If outside city or town limits, write "RURAL")
(d) Street No. 4052 Baltimore Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1940 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him alive on _____, 19____;
and that he died on the date and hour stated above.
Immediate cause of death _____

Cyanide gas poisoning
Due to _____

Other conditions _____
(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) Accident
(b) Date of occurrence 7-5-40
(c) Where did injury occur? K.C. Mo
(City or town) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) (Means of injury)
23. Signature Wm. J. Pugh (M. D. or other)
Address K.C. Mo. Date signed _____

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

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

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 *A. C. Newcomer Jr.*

Licensed Embalmer No. 4043

P. O. Address *A. C. M.*

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.