

Registration District No. 3

Primary Registration District No. 5554

Registrar's No. 215

SEP 26 1940

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
24 Highway & Duvall Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 220 East 33rd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1940 hour 8:15 minute P 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: Asphyxia Cordis
Crushing Injury Chest
Due to: Struck by Truck
Other conditions: Pedestrian
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations: _____
Of autopsy: _____

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) Accident
(b) Date of occurrence 8-26-40
(c) Where did injury occur: Highway (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
360 Hiway (Specify type of place) _____
While at work? _____ (e) Means of Injury Struck by Truck

23. Signature Missell (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME Mrs. Katherine Richards

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-07-3459

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

6. (b) Name of husband or wife Le Roy Richards 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 8 (Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Presser

11. Industry or business _____

12. Name John Kelley

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

14. Maiden name Katherine Cochran

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

16. (a) Informant Mrs. James Gallup

(b) Address 1315 Broadway

17. (a) Burial (b) Date thereof 8/31/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Superior

(b) Address 20 St. Remond

19. (a) Aug. 30, 1940 (b) F. L. Cook (Date received local registrar) (Registrar's signature)

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

Harold Perry

Licensed Embalmer No.

4097

P. O. Address

R. 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.