

Registration District No. **398**

Primary Registration District No. **5554**

Registrar's No. **183**

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

1. PLACE OF DEATH:

(a) County **Jackson Rural**
(b) City or town **Kansas City Blue Supp.**
(c) Name of hospital or institution **Rural 1107 Claremont**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **31 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Rural**
(d) Street No. **1107 Claremont**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **JESSIE M RICKMAN**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **single** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Feb 9 - 1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	5	3	hr. min.

9. Birthplace **Jefferson Co. Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

11. Industry or business **at home**

MOTHER FATHER

12. Name **John W. Rickman**
13. Birthplace **Clay Co. Missouri**
14. Maiden name **Mary Annah Rouse**
15. Birthplace **Indiana**

16. (a) Informant **Julia Pear Fisher**
(b) Address **1107 Claremont, K.C. Mo**

17. (a) **Burial** (b) Date thereof **7-14-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Washington Bur.**

18. (a) Signature of funeral director **J. J. Gasson**
(b) Address **101 N. Pleasant, Blue Supp. Mo**

19. (a) **7-14-42** (b) **J. J. Gasson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12** year **1942** hour **4** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **July 10** 1942 to **July 10** 1942
that I last saw her alive on **July 11** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Body swollen and stagnation she could not eat or hardly swallow**

Due to **she had ketals deforman suppurative here enters**

Due to **body was rigid**

Other conditions **chronic syngocarditis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **no**

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? _____
(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 **0**
23. Signature **E. Kelly** (M. D. or other)
Address **402 Wabasha Ave** Date signed _____

Dr. E. H. Kelley
402 Wabash

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 Floyd C. Carson
Licensed Embalmer No. 4199
P. O. Address Independence

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, fact should be so stated above.