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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1942

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3386

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Gen'l Hosp #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few min. (Specify whether
In this community Dont know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town KC Mo 8
(If outside city or town limits, write "RURAL")
(d) Street No. 610 W. Meyer Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME TOM RICHEY JR.
3. (b) If veteran, name war DONT KNOW
3. (c) Social Security DONT KNOW
4. Sex MALE
5. Color or race NEGRO
6. (a) Single, ~~widowed, married, divorced~~ SINGLE
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 1 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	8	8	hr. min.

9. Birthplace KENTUCKY (City, town, or county) 1 (State or foreign country)
10. Usual occupation HOUSEMAN
11. Industry or business PRIVATE HOME
FATHER
12. Name TOM RICHEY
13. Birthplace KENTUCKY (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name DONT KNOW
15. Birthplace DONT KNOW (City, town, or county) 9 (State or foreign country)
16. (a) Informant Miss Williams
(b) Address 610 W. Meyer Blvd
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bardstown, Ky
18. (a) Signature of funeral director Flynn & Greenstreet
(b) Address 1819 E. 18th KC Mo
19. (a) 9-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9
year 42 hour 8:45 P minute M.
21. I hereby certify that I attended the deceased from Crowder, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 93D

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection and history

Duration

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 9/13

23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 9/16

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1942

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.....

Licensed Embalmer No. 2211

P.O. Address 1819 E. 15th Str

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.