

FILED DEC 7 1942

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. **4290**

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:
4125 Mercier
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... unknown (Specify whether 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 limits, write "RURAL")
(d) Street No. 4125 Mercier
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME MARY M. RICHTER

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife. Oscar Richter 6. (c) Age of husband or wife if alive..... years 1858
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 84 Months Days If less than one day hr. min.

9. Birthplace Alsace Lorraine France 5
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business.....

MOTHER FATHER { 12. Name Collin
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Harry C. Smith
(b) Address 4125 Mercier

17. (a) Burial (b) Date thereof 11-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk and Robins

(b) Address 11/20 West Linwood, K.C., Mo

19. (a) 11/27/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th year 1942 hour 1:10 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 2, 1942, to Nov 26, 1942 that I last saw her alive on Nov 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arteriosclerosis
chronic myocarditis
Due to..... 93 D
Other conditions (Include pregnancy within 3 months of death)

Duration

3 days

5 yrs

10 yrs

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?

While at work? (Specify type of place) (e) Means of injury A

23. Signature Harvey E. Schorn (M. D. or other) S. O.
Address 243 Kirby Bldg. Kansas City, Mo Date signed 11-27-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.