

FILED JUN 7 1943
Registration District No. 749

Primary Registration District No. 1002

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

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:
The Walnuts, 5049 Wornall Road/
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
years, months or days) 77 years,

3. (a) PRINT FULL NAME George Blackwell Richards,

3. (b) If veteran, name war World War #1, 3. (c) Social Security No. 490-16-6612

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

6. (b) Name of husband or wife Belle H. Richards 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased January 7 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>20</u>hr.min.

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

10. Usual occupation President,

11. Industry or business Richards & Conover Hdw. Co.

MOTHER FATHER

12. Name John F. Richards,

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

14. Maiden name Martha A. Harrelson,

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

16. (a) Informant C. N. Seidlitz,

(b) Address 5049 Wornall Road, Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClura,

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 5-29-43 (Date received local registrar) (b) M. H. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 483

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL") 8

(d) Street No. The Walnuts, 5049 Wornall Road
(If rural, give location) 7

(e) Citizen of foreign country? no. (Yes or No) X
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1943 hour.....minute P. M.

21. I hereby certify that I attended the deceased from July 1942 to May 27 1943
that I last saw him alive on May 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Melanotic Carcinoma of Liver
Carcinoma of Colon
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Carcinoma of Liver
Colon - 1942.
Of operation.....
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).....

(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) (c) Means of injury.....

23. Signature M. H. Crowe (M. D. or other) 5/27/43
Address Kansas City, Mo. Date signed.....

Demise day

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

J. Alan Shupper

Licensed Embalmer No. *4179*

P. O. Address *A. C. Moore*

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.