

Registration District No. 149

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:  
Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 55 Years  
years, months or days)

3. (a) PRINT FULL NAME Mr. Richard F Mohr

3. (b) If veteran, name war None 3. (c) Social Security No 495-05-0886

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Bessa Mohr 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased October 22 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 9 20 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Billing Clerk

11. Industry or business Richards & Conover Hardware Co.

MOTHER FATHER

12. Name Richard F. Mohr  
13. Birthplace New York New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Wolpers  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara B. Mensch

(b) Address 5537 Forest Avenue

17. (a) Burial (b) Date thereof Aug. 16, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-14-43 (b) Dep. P. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 5536 Forest Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
year 1943 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 12  
1943 to Aug 12 1943  
that I last saw him alive on Aug 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death marked coronary artery probably  
sclerosis several  
years

Due to \_\_\_\_\_  
Due to 930

Other conditions chronic myocarditis same  
(Include pregnancy within 3 months of death)

Major findings: no operation  
Of operations \_\_\_\_\_  
Of autopsy same as above

Duration  
Several  
years  
same  
PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 \_\_\_\_\_  
23. Signature Hubert Valentin (M. D. or other)  
Address 1103 Mendota Date signed 8/13/40

**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 K. C. Newcomer Jr  
Licensed Embalmer No. 4043  
P. O. Address K. C. No.

**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.**