

3748C

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 3 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4779

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: General Hospital No. 20  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-1-43-11-11-43  
(Specify whether years, months or days)

In this community 24 yr.

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. 3423 E. 19  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME LULA RICHARDS

3. (b) If veteran, name war 710 3. (c) Social Security No. 710

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas Richards 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 21 1877  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>4</u>	<u>21</u>	<u>20</u> br. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER { 12. Name Don't know

{ 13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sadie Don't know 9

{ 15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-43  
(Month) (Day) (Year)

(c) Place: burial or cremation General Cemetery

18. (a) Signature of funeral director Pat Appleton  
(b) Address 1905 V. met

19. (a) 11-12-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11  
year 1943 hour 5:00 minute a. M.

21. I hereby certify that I attended the deceased from November 1 1943 to November 11 1943  
that I last saw her alive on November 11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure

Due to Arteriosclerotic type heart disease and Psychosis

Due to 930 2 1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature Gen. Hosp #2-600622 (M. D. or other) Date signed 11-12-43

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

S. No. 2  
M-2-43  
5-17-39  
1 X35697

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**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 *C. F. West*.....

Licensed Embalmer No. *2710*.....

P. O. Address *Kansas City*.....

**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.**