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S. No. 2  
M-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 5 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5485

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:  
3601 E. 60 /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 15 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 78

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3601 E. 60 (If rural, give location)

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

3. (a) PRINT FULL NAME Martha Richards

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 H. S. Richards

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 6 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name J. P. MC Culloch

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

14. Maiden name Sarah Wilkerson

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

16. (a) Informant Miss Hazel Richards

(b) Address 3601 E. 60

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 23 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Girard Kansas

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 12-23-43 (Date received local registrar) (b) M. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 23  
year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Dec 14, 1943  
to Dec 23<sup>rd</sup>, 1943  
that I last saw her alive on Dec 23<sup>rd</sup>, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis  
(Auto) Duration 5 days

Due to Influenza 91 hr

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

Other conditions none  
(Include pregnancy within 5 months of death)

Major findings: Of operations None done

Of autopsy none

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 Arthur Hoffman (M.D. or other) Address 900 Rialto Bldg Date signed 12/23/43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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 *Paul C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *H. C. 2nd*

**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.**

Dr. Ottokar Hoffman Rialto Bg