S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1944

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41 BAC

Registrar's No. 5453

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: Lakeside Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether In this community 20 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3255 Oak Street (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. RUTH MARIE RICHARDS

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife MR. WILLIAM A RICHARDS

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

7. Birth date of deceased JUNE (Month) 25 (Day) 1887 (Year)

8. AGE: Years 56 | Months 5 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace WILKES BARRE (City, town, or county) PENNSYLVANIA (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JOHN BARNUM
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Mrs Cecil C. Zachary

(b) Address 3255 Oak

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director U. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-21-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 19TH year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 18, 1943 to Dec. 19, 1943 that I last saw her alive on Dec. 19, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	?
Due to arterial hypertension	10 yr
Due to Diabetes mellitus	9
Other conditions ✓ (Include pregnancy within 3 months of death)	
✓ 61	
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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature U. W. Harvey (M. D. or other) DO

Address 406 Whitman Bldg Date signed 12-22-43

(Licensed Embalmer's Statement on Reverse Side)

Wittman Bldg

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 H C Newromer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo

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.