

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12021

State File No. ....

FILED MAY 3 1945  
199

Registrar's No. 1738

Registration District No. ....

Primary Registration District No. 1002

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:  
105 West 50th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 Years (Specify whether years, months or days)

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. 105 West 50 Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN LAWRENCE RICH

3. (b) If veteran, name war World War I

3. (c) Social Security No. 491-22-1287

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Georgia Rich

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased November 14th, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 5 6 hr. min.

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

10. Usual occupation Proprietor

11. Industry or business Meat Market

MOTHER FATHER

12. Name William Rich

13. Birthplace Liverpool - England  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Harrington

15. Birthplace Cardiff - Wales  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgia B. Rich

(b) Address 105 West 50th

17. (a) Burial (b) Date thereof 4 / 23 / 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 4-21-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 19, 1945 to April 20, 1945, that I last saw him alive on April 19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 15 hrs.

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

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

Other conditions 830  
(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? \_\_\_\_\_

23. Signature G. S. Spafford (Specify type of place) \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address 104 West 42nd Street Date signed 4-20-45

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

MAY 8 1945

MAY 4 1945

*Dr. R. L. Stafford  
Professional Rest  
1 to 5 PM*

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

*Joseph R. Hunt*

Registered Apprentice No. *369*

working under my personal supervision.

Signed *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kans City, 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.