

No. 2
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5-17-39
X47070

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

DEPARTMENT OF COMMERCE.
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1944
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30427**
Registrar's No. **4009**

FILED OCT 17 1946
Registration District No. **147**

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 **ST. JOSEPH HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2-DAYS**
(Specify whether years, months or days)
In this community **6 MONTHS**

3. (a) PRINT FULL NAME **MR. CLAUDE ANDREW RICHARDS**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **NONE**

4. Sex **MALES** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased **MARCH 1 1896**
(Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **19**
If less than one day hr. min.

9. Birthplace **EUDORA KANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED EMPLOYEE**

11. Industry or business **RAILWAYS EXPRESS AGENCY**

12. Name **CHARLES OTIS RICHARDS**

13. Birthplace **BONEAPORT MICHIGAN**
(City, town, or county) (State or foreign country)

14. Maiden name **LABELLE CAIN**

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

16. (a) Informant **MISS IOA M. RICHARDS**

(b) Address **3510 TROOST AVENUE**

17. (a) **BURIAL** (b) Date thereof **SEPT-22-1946**
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation **EUDORA CEMETERY EUDORA, KANSAS**

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

(b) Address **1401-BROOK GREEN BLVD.**

19. (a) **9-21-46** (b) **Geraldine Holmes**
(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. **3510 TROOST AVENUE**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month **SEPT.** day **20TH**
year **1946** hour **2** minute **25A.** M.
21. I hereby certify that I attended the deceased from **8-30** 19**46**, to **9-20** 19**46**
that I last saw him alive on **9-19** 19**46**
and that death occurred on the date and hour stated above

Immediate cause of death **Cerebral thrombosis** Duration **6 days**
Due to **Atherio sclerosis** years

Due to
Other conditions **Myocardial Degener.**
(Include pregnancy within 3 months of death)
from coronary sclerosis
Major findings:
Of operations
Of autopsy **9/20**

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 **Dubert M. Parke** (M. D.)
Address **306 E 12** Date signed **9/20/46**

1/10/2009

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 Bernard L. Jones
Licensed Embalmer No. 4250
P. O. Address HC 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.