S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1947

Registration District No. 197

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17585

Primary Registration District No. 1002

Registrar's No. 2358

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~~: POLYCLINIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1 WEEK (Specify whether years, months or days)
In this community 5 YEARS

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. 2934 TRACY AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. NELLIE RICHARDS

3. (b) If veteran, name war NO

3. (c) Social Security No. 492-26-9770

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or ~~wife~~ GEORGE RICHARDS

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased AUGUST (Month) 3 (Day) 1926 (Year)

8. AGE:

Years	Months	Days	If less than one day
20	9	22	hr. min.

9. Birthplace TEXAS County (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation ORDER CLERK

11. Industry or business NATIONAL BELLAS HESS

FATHER
12. Name HERMAN STOTTLEMYRE
13. Birthplace TEXAS County (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name GLADYS FOSTER
15. Birthplace TEXAS County (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant GLEN STOTTLEMYRE
(b) Address 3011 8 77 Street

17. (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** JUNE 2 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ NEWCOMER'S VAULTS

18. (a) Signature of funeral director D. A. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD

19. (a) 5-29-47 (Date received local registrar) **(b)** Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25TH year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 7, 1947 to May 25, 1947, that I last saw her alive on May 25, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to

Due to

Other conditions Previous G.C. tube & ovary
(Include pregnancy within 3 months of death)
Chronic appendicitis

Major findings:
Of operations Right hydrosalpinx
gross pyelonephrosis and cystitis
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 F. G. DeMelfy (M. D. or other)
Address 2748 Charlotte St Date signed 5-26-47

(Licensed Embalmer's Statement on Reverse Side)

2547 Charlotte /
12-6

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. Gray

Licensed Embalmer No. 4250

P. O. Address KC 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.