

No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34643

FILED OCT 25 1947

State File No. _____

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4343

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:
325 S. Wheeling
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. ---
(Specify whether years, months or days) --- 62 Years

3. (a) PRINT FULL NAME Mrs. Ida Rickord

3. (b) If veteran, name war -- no

3. (c) Social Security No. none

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife John Rickord

6. (c) Age of husband or wife if alive 28 years (Month) 12 (Day) 28 (Year) 1869

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Clinton Co. Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER {

12. Name William Yates

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

14. Maiden name Rebecca Summers

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

16. (a) Informant Wm. R. Barnes

(b) Address 1518 Poplar

17. (a) Burial (b) Date thereof 10 17 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Courtney mo.

18. (a) Signature of funeral director John P. Shell

(b) Address K. C. M.

19. (a) 10-15-47 (b) Shiraldine 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. 325 S. Wheeling
(If rural, give location)

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

If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1947 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from July 1
1946 to Oct 15 1947

that I last saw her alive on Oct 14 1947
and that death occurred on the date and hour stated above

Immediate cause of death Competitive Heart Failure Duration _____
Myocardial Heart Disease

Due to _____

Due to _____

Other conditions ---
(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:

(c) 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) (a) Means of injury _____

23. Signature Ralph Perry (M. D. or other) M.D.
Address 4800 E 24 Date signed 10-15-47

Berry 24 Lister

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 John P. Steil

Licensed Embalmer No. 3625

P. O. Address J. 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.