

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19753
2750

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>50 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		46 60 80	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KCTB HOSPITAL</u> ✓				d. STREET ADDRESS (If rural, give location) <u>4203 BALS AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM A.</u>			b. (Middle) <u>Rich</u>		c. (Last) <u>Rich</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-49</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB-3-1890</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PUBLIC SERVICE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>HUSTONIC, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Rich, Dan</u>		13b. MOTHER'S MAIDEN NAME <u>WALKER</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA RICH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-09-0722</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>KCTB HOSPITAL KANSAS CITY MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		002 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6-14</u> , 19 <u>45</u> , to <u>6-23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-22</u> , 19 <u>49</u> , and that death occurred at <u>4 AM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>G. K. Landis, M.D.</u> (Degree or title)				23b. ADDRESS <u>PROFESSIONAL BLDG. MISSOURI</u>		23c. DATE SIGNED <u>JUNE 23 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 25 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-25-49</u>		REGISTRAR'S SIGNATURE <u>Shiraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B.W. Newcome's Sons 1331 BRUSH CREEK BL'VD. KANSAS CITY, MO.</u>			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John E. Fraking _____

Licensed Embalmer No. 4483 _____

P. O. Address Kansas 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.