

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30534

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>102</u>		Registrar's No. <u>4106</u>									
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JACKSON							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY				83							
c. LENGTH OF STAY (in this place) 40 yrs				d. STREET ADDRESS (If rural, give location) 5930 Brookside											
3. NAME OF DECEASED (Type or Print) CHARLES RICKS			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 11 1949			
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH DECEMBER 25 1896			9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEMAN				10b. KIND OF BUSINESS OR INDUSTRY PRIVATE FAMILY				11. BIRTHPLACE (State or foreign country) BROOKLYN, NEW YORK				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME NOT KNOWN				13b. MOTHER'S MAIDEN NAME NOT KNOWN				14. NAME OF HUSBAND OR WIFE _____							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME MRS. MELVIN DUNHAM				ADDRESS 5930 Brookside			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CARCINOMA OF THE TONGUE											
				ANTECEDENT CAUSES EPIDERMOID SQUAMOUS CELL TYPE WITH MET-ASTASIS											
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
19a. DATE OF OPERATION				II. OTHER SIGNIFICANT CONDITIONS 1917 Conditions contributing to the death but not related to the disease or condition causing death.								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____							
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>6/26/</u> , 19 <u>49</u> , to <u>9/11/</u> , 19 <u>49</u> that I last saw the deceased alive on <u>9/11/49</u> , 19 <u>49</u> , and that death occurred at <u>8:30A</u> m., from the causes and on the date stated above.															
23a. SIGNATURE E. Frank Ellis (Degree or title) _____								23b. ADDRESS 600 East 22nd Street				23c. DATE SIGNED 9/12/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____				24b. DATE _____				24c. NAME OF CEMETERY OR CREMATORY _____				24d. LOCATION (City, town, or county) _____ (State) _____			
DATE REC'D BY LOCAL REG. 9-24-49				REGISTRAR'S SIGNATURE Sheraldine Holmes				25. FUNERAL DIRECTOR'S SIGNATURE E. Sterling Bills				ADDRESS 1212 7th			

(Licensed Embalmer's Statement on Reverse Side)

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 *E. Sterling Bills*

Licensed Embalmer No. *3198*

P. O. Address *1212 Vine, Kansas*

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.