

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23196**  
**2953**

|  |                           |   |   |   |   |  |  |
|--|---------------------------|---|---|---|---|--|--|
| BIRTH NO. _____  |                           | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                           |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>  |                           | c. LENGTH OF STAY (in this place) <u>60 yrs</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>   |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4201 Linwood</u>  |                           |   |   | d. STREET ADDRESS <u>4201 Linwood</u> (If rural, give location) <u>3508</u>   |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>MARTHA</u>  |                           | b. (Middle) <u>S.</u>   |   | c. (Last) <u>RICHART,</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1951</u>                       |  |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   |   | 8. DATE OF BIRTH <u>May 23, 1858</u>  |   | 9. AGE (In years last birthday) <u>93</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>   |                           | 10b. KIND OF BUSINESS OR INDUSTRY _____   |   | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>   |   | 12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>John M. Cashman</u>  |                           |   | 13b. MOTHER'S MAIDEN NAME <u>Susan Kerr</u> |   | 14. NAME OF HUSBAND OR WIFE <u>William H. Richart, dec.</u> |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                           | 16. SOCIAL SECURITY NO. <u>No</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Fred R. Richart, 7416 Flora, KC Mo.</u>  |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                             |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis, Liver - ascites.</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility age 93</u> |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>58 1/2</u>                            |  |
| 19a. DATE OF OPERATION _____   |                           | 19b. MAJOR FINDINGS OF OPERATION _____  |   |   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____   |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____  |                           | 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>Jan 19 44</u> to <u>July 10, 1951</u> , that I last saw the deceased alive on <u>July 10, 1951</u> , and that death occurred at <u>1:10 p.m.</u> , from the causes and on the date stated above. |                           |   |   |   |   |  |  |
| 23. SIGNATURE <u>Ralph Perry M.D.</u> (Signature or title)   |                           |   |   | 23b. ADDRESS <u>4800 East 24 St</u>   |   | 23c. DATE SIGNED <u>July 11/1951</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                           | 24b. DATE <u>7/12/51</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>       |  |
| DATE REC'D BY LOCAL REG. <u>7-18-51</u>  |                           | REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE, Kansas City, Missouri</u>  |   |  |  |

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

Dr. Raphael Perry  
2800 East 24th St.  
4203 Linwood Re 5949

042.1100

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

*Gerald A. Burger*

Licensed Embalmer No. \_\_\_\_\_

4763

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.