

Registration District No. 1940/49

Primary Registration District No. 1002

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: 1904 East 46th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX  
In this community 37 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE W. RICHARDSON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife Mary Richardson

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

7. Birth date of deceased: February 22 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Morgan County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Carpenter & Cabinet Maker

12. Name: John D. Richardson

13. Birthplace: Morgan County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Pollyann Tuttle

15. Birthplace: Morgan County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Edward G. Garrett

(b) Address: 3945 Kenwood

17. (a) Removal (b) Date thereof: 5-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Tipton, Mo.

18. (a) Signature of funeral director: J. W. Wagner

(b) Address: Kansas City, Mo.

19. (a) 5-17-43 (b) M. M. Brown  
(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. 1904 E. 46th  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15 year 43 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to: Chorea

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: Imperforated foramen

\_\_\_\_\_

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? \_\_\_\_\_

While at work? Yes (Specify type of place) \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature: W. H. Brown (M. D. or other) \_\_\_\_\_

Address: 1514 1/2

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

MOTHER FATHER

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**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..... *Cecile R. Matthes*.....

Licensed Embalmer No. *3807*.....

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.**