

FILED MAR 18 1944

State File No.

1140

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
3016 E. 20th Terr.
(If not in hospital or institution, write street number or location)

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

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. 3016 E. 20th Terr.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Richardson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race White

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

6. (b) Name of husband or wife Calvin C.

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

7. Birth date of deceased: May 15, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>9</u>	<u>24</u>	hr. _____ min.

9. Birthplace: _____
(City, town, or county) (State or foreign country) Iowa

10. Usual occupation Homemaker

11. Industry or business None

12. Name John Cummins

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

14. Maiden name Minerva Busby

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

16. (a) Informant Mrs. Romey Harris

(b) Address 3016 E. 20th Terr.

17. (a) Removal (b) Date thereof March 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 3-11-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1944 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from March 1, 1944, to March 9, 1944
that I last saw her alive on March 7 - 44, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Hodgkin's disease Duration 1 to 2 yrs.

Due to _____

Due to _____

Other conditions anemia due to Hodgkin's disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations 44b
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 _____

(d) 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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Vincent H. Dwyer (M. D. or other) _____

Address 1401 Prospect Date signed 3-20-44

Dr. D. D. D.

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 *H. S. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *R. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.