S. No. 2
M—2-43
. 5-17-39
I X35897

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

4834

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5845

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 751

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: General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1407 Spruce 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Herbert Richardson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 23 (Day) 1880 (Year)

8. AGE: Years 65 Months 5 Days 18 If less than one day hr. min.

9. Birthplace ~~Kiegston~~ KINGSTON (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business None

FATHER
12. Name Louis Richardson
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Bertha
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Medical Records Librarian
(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 14 46 (Month) (Day) (Year)
(c) Place: burial or cremation Bellerie Ridge Lawn

18. (a) Signature of funeral director Wathers Bros
(b) Address 1729 Lydia Ave

19. (a) 2-13-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11, year 1946 hour 9: minute 00 A.M.

21. I hereby certify that I attended the deceased from January 30, 1946 to February 11, 1946; that I last saw him alive on February 11, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death (1) Emaciation
(2) Carcinoma of the Esophagus with Metastasis to the Retro-peritoneal lymph nodes

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 46 a

Major findings:
Of operations

Of autopsy Same as above.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] M.D. (M. D. or other)

Address General Hospital #2 Date signed 2/12/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3996

P. O. Address. 2503 Highland

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.