

S. No. 2  
M-12-45  
v. 5-17-39  
P. 1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 23 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **9347**  
**1193**  
Registrar's No.

Registration District No. **147**

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: **GENERAL HOSPITAL NO. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 DAY**  
In this community **26 YRS.**  
(Specify whether 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. **2418 CAMPBELL**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.

**3. (a) PRINT FULL NAME** **WILLIAM RICHARDSON**  
(b) If veteran, name war **no**  
(c) Social Security No. **496-01-9829**  
(d) Sex **MALE** (e) Color or race **NEGRO**  
(f) (g) Single, widowed, married, divorced **MARRIED**  
(h) (i) Name of husband or wife **VICTORIA RICHARDSON**  
(j) (k) Age of husband or wife if alive **48** years  
(l) Birth date of deceased **JULY 3, 1899**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **MARCH** day **8**, year **1947** hour **10:** minute **00** A.M.  
**21. I hereby certify that I attended the deceased from** **MARCH 7, 1947** to **MARCH 8, 1947**  
that I last saw him alive on **MARCH 8, 1947** and that death occurred on the date and hour stated above.

<b>8. AGE:</b>	Years	Months	Days	If less than one day
<b>48</b>	<b>8</b>	<b>5</b>		hr. min.

Immediate cause of death **LOBAR PNEUMONIA**  
Due to  
Due to  
Other conditions **HYPERTENSIVE HEART DISEASE**  
(Include pregnancy within 3 months of death)

**9. Birthplace** **EDWARDS MISSISSIPPI**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **PORTER**

Major findings:  
Of operations  
Of autopsy  
**108**  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

**11. Industry or business**  
**12. Name** **ISAAC RICHARDSON**  
**13. Birthplace** **MISSISSIPPI**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **NELLIE**  
**15. Birthplace** **MISSISSIPPI**  
(City, town, or county) (State or foreign country)  
**16. (a) Informant** **VICTORIA RICHARDSON**  
(b) Address **2418 CAMPBELL**  
**17. (a) Removal** (b) Date thereof **2-15-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Westhau Cemetery N.C.K.**  
**18. (a) Signature of funeral director** **N.W. Shalvey**  
(b) Address **1528 N. 5th St.**  
**19. (a) 3-15-47** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**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) (e) Means of injury  
**23. Signature** **Frank** (M. D. or other M. D.)  
Address **GENERAL HOSPITAL NO. 2** Date signed **3/10/47**

WRITE PLAINLY—USE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Nathan Whately  
Licensed Embalmer No. 2700  
P. O. Address N. E. K.

**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.**