

No. 2  
-8-43  
-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8889  
Registrar's No. 1000

Registration District No. 149

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:  
At Home 2808 Bell 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 Weeks (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. 2808 Bell  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Richardson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Richardson 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 20 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 8 8 hr. min.

9. Birthplace Kansas City Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business \_\_\_\_\_

12. Name Frank Richardson

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

14. Maiden name Unknown

15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Richardson  
(b) Address 2808 Bell

17. (a) Burial (b) Date thereof 3/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Woodlawn, K.C. Kans.

18. (a) Signature of funeral director Wm. Bailey  
(b) Address 2065 North 5th St.

19. (a) 3-2-48 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28  
year 1948 hour 2 minute 20 p.m.

21. I hereby certify that I attended the deceased from Feb 27 to Feb 27, 1948  
that I last saw him alive on Feb 27, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive myocarditis (acute insufficiency)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations 920  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Wm. Bailey (M. D. or other) \_\_\_\_\_  
Address W. M. Bailey Date signed March 1 1948

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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 *W.M.M. Denton*

Licensed Embalmer No. *2007*

P. O. Address *71 E 7 Kans*

**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.**