

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16625**
2074

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>		
c. LENGTH OF STAY (In this place) <u>Unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>539 Charlotte</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>				3. NAME OF DECEASED				
a. (First) <u>Fannie</u>		b. (Middle)		c. (Last) <u>Marshall</u>		4. DATE OF DEATH		
(Type or Print)						(Month) (Day) (Year) <u>4 7 52</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-4-60² 1870</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Slater, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>America</u>								
13a. FATHER'S NAME <u>Berry Richardson</u>			13b. MOTHER'S MAIDEN NAME <u>Harriett</u>			14. NAME OF HUSBAND OR WIFE <u>?</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Leroy Brassfield</u>		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION				ADDRESS <u>P.C. Mo. Unknown</u>	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Confluent Broncho pneumonia, right</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
			DUE TO (b) <u>Pancreatic Necrosis</u>					
			DUE TO (c)					
			II. OTHER SIGNIFICANT CONDITIONS				587	
			Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>4-2-52</u> , 19 <u> </u> , to <u>4-7-52</u> , 19 <u> </u> , that I last saw the deceased alive on <u>4-7-52</u> , 19 <u> </u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank Ellis MD</u> (Degree or title)				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>4-10-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 5th 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City - Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-16-52</u>		REGISTRAR'S SIGNATURE <u>Beraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. H. B. Moore</u>		ADDRESS <u>1820 E. 8th St.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

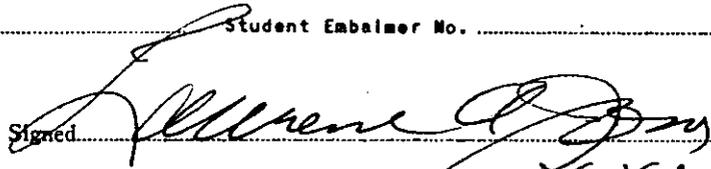
510557

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Signed 
Licensed Embalmer No. 2429

P. O. Address 300 East 11 St

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.