

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21181
Do not use this space.

2419
Registered No.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1
(b) Township Law Primary Registration District No. 1
(c) City or Village Kansas City (d) Street No. 1411 Tracy St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mamie Richardson

(a) Residence, No. 1411 Tracy St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elijah Richardson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unk. 1887</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>—</u>
	DAYS <u>—</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisiana</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk.</u>	
MOTHER	15. MAIDEN NAME <u>Unk.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk.</u>	
17. INFORMANT (ADDRESS) <u>Elijah Richardson</u> <u>1411 Tracy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lincoln</u> DATE <u>6/16</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hatkin Bros</u> <u>1729 Lydia</u>		
20. FILED <u>June 15</u> 19 <u>39</u> <u>M. M. Cowe, ass't</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1939

22. I HEREBY CERTIFY That I attended deceased from June 5 1939 to June 10 1939
I last saw her alive on June 5 1939. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Regurgitation

Date of onset

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) J. D. Suggenberry M. D.

(Address) 2202 E 18th

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.....

T. B. Hopkins

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

T. B. Hopkins

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

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, above space should be left blank.