

REV 14 (1939)

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

34959  
Do not use this space.

1. PLACE OF DEATH *2*

(a) County *Jackson* Registration District No. *399*

(b) Township *1* Primary Registration District No. *2002* Registered No. *39344*

(c) City *Kansas City* (d) Street No. *2418 Campbell* St.

(e) Length of residence in city or town where death occurred *7* yrs. *1* mos. *3* ds. (f) How long in U. S., if of foreign birth? *7* yrs. *1* mos. *3* ds.

2. PRINT FULL NAME *Beulah Richardson*

(a) Residence, No. *2418 Campbell* 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 *41 f.* 4. COLOR OR RACE *Col.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Will Richardson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct Jan 16 - 1888*

7. AGE YEARS MONTHS DWS IF LESS than 1 day, hrs. or min.

|           |          |           |  |
|-----------|----------|-----------|--|
| <i>41</i> | <i>8</i> | <i>21</i> |  |
|-----------|----------|-----------|--|

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. *Housewife*

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) *Miss -*

FATHER

13. NAME *Isaac Robinson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *So car*

MOTHER

15. MAIDEN NAME *Sylva*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *So car*

17. INFORMANT (ADDRESS) *Will Richardson 2418 Campbell*

18. BURIAL, CREMATION, OR REMOVAL PLACE *West Lawn Cem* DATE *Oct 11th 1939*

19. FUNERAL DIRECTOR (ADDRESS) *Nathan Whatcher 1520 N 51st*

20. FILED *10-11 1939 mmh/rouse* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 6th 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 24 1939* to *Oct 6 1939*

I last saw him alive on *Oct 6 1939*, Death is said to have occurred on the date stated above, at *9:20 p.m.*

The principal cause of death and related causes of importance were as follows:

*Preperal Peritonitis* Date of onset *145a*

Other contributory causes of importance: *Septisemia*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? If so, specify.....

(Signed) *L. V. Miller* !, M. D.

(Address) *1213 Paces*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

**STATEMENT BY LICENSED EMBALMER**

I, Nathan Matchu

Licensed Embalmer No. 2700

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Clyde Woods

L. E.

No. 3704 or by

working under my personal supervision.

Registered Apprentice No.

Signed Nathan Matchu

Licensed Embalmer No. 2700

**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.)**