

No. 2
-11-10-39
-5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 12 1940
399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1002

State File No. 9664
Registrar's No. 1098

Registration District No. _____

Primary Registration District No. _____

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:
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
In this community Don't know
years, months or days

3. (a) PRINT FULL NAME Louis T. Richardson 263
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 12, 1883
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation Waiter

11. Industry or business _____
12. Name William Richardson 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Lou
(b) Address 1119 East 21st Street

17. (a) removal (b) Date thereof 3/11/1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Muncie Cem. Leavenworth

18. (a) Signature of funeral director Alice Bailey Kansas
(b) Address 2065 North 5th St., W. C., K.

19. (a) Mar 10, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 1119 East 21st St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month March day 7
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2/11 1940 to 2/17 1940
that I last saw him live on 2/7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis
Due to Pulmonary Embolus
Due to 131

Other conditions (Include pregnancy within 3 months of death)

Major findings: Complete Right
Of operation Enlarged Heart
Of autopsy Pulmonary Thrombosis
Chronic Nephritis

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) _____
(a) Manner of injury _____
23. Signature August D. ... (M. D. or other) _____
Address 1264 Olive St. K.C. Date signed 3/19/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death was due and charged statistically.

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 R. M. Adams

Licensed Embalmer No. 4116

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.