

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30713
3470
Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(c) Name of hospital or institution: St. Joseph Hospital.
(d) Length of stay: In hospital or institution 11 Months.
In this community 11 Months.

3. (a) PRINT FULL NAME Patricia Sue RICHARDSON.
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 24th, 1940

8. AGE: Years 0 Months 11 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Kansas City Missouri

10. Usual occupation _____

11. Industry or business _____

12. Name Otho A. Richardson

13. Birthplace Missouri

14. Maiden name Isabella Murphy

15. Birthplace Tennessee

16. (a) Informant Otho A. Richardson
(b) Address 1921 East 34th. Street

17. (a) Burial (b) Date thereof 9/17/41
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Melody-McGilley
(b) Address K. C. Mo.

19. (a) Apr 17-41 (b) m m Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(d) Street No. 1921 East 34th, Street
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 - day 16 - year 1941 hour 5 minutes A M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw the deceased alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary atelectasis
Due to: Myocardial infarction
Due to: Myocardial infarction
Other conditions: Myocardial infarction
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 9

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? _____
(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 [Signature] (M. D. or other) _____
Address _____ Date signed _____

Duration _____
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. 267

working under my personal supervision.

Signed JH [Signature]

Licensed Embalmer No. 2999

P. O. Address BC

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.