DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37504

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4299

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K C Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1504 E 4 St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K C Mo (If outside city or town limits, write "RURAL")

(d) Street No. 504 E 4 St (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME PARK RICHARDSON

3. (b) If veteran, name war Mo

3. (c) Social Security No. —

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased 9 (Month) 17 (Day) 1904 (Year)

8. AGE: Years 37 Months 1 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Charles Richardson
13. Birthplace Wrisey Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Estella Richardson
15. Birthplace Warsaw Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Genatto Paterson

(b) Address 1937 E 8 St

17. (a) Burriel (Burial, cremation, or removal) (b) Date thereof 11-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Brady & Brown

(b) Address 1708 Troost

19. (a) 11.19.41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13-41

year ..... hour ..... minute 4 P M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....;

that I last saw b... alive on ....., 19....;

and that death occurred on the date and hour stated above.

Immediate cause of death

2nd & 3rd Degr Burn of Body

Due to House Burned down

Due to

Other conditions 18D-1 15
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-13-41 1:22

(c) Where did injury occur? K C Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? House Burned down (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 B J Graham

Licensed Embalmer No. 2540

P. O. Address 2208 Vine 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, above space should be left blank.