S. No. 2
—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5587

FILED MAR 1942

Registration District No. 279

Primary Registration District No. 1002

Registrar's No. 705

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: General Hospital #20 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 46

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1732 Bellview (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BESSIE RICHARDSON

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race Negro

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 1 (Month) 19 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	0	24	hr. min.

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

10. Usual occupation House Work

11. Industry or business Own Home

FATHER
12. Name Jim Richardson
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ellen Jackson
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lola Gilliam

(b) Address 1322 E. 16th K-C Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation West Lawn

18. (a) Signature of funeral director Mrs. J. W. Jones K.C. Emb. & Casket Co.

(b) Address 440 State Ave. K.C.K.

19. (a) 2/19/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 2-13-42

year hour minute M.

21. I hereby certify that I attended the deceased from Reginald Corson to 10 05 a. 19

that I saw her alive on 19

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

Immediate cause of death

Due to Lobar pneumonia (st)

Due to 108

Other conditions (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)

(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? (Specify place)

While at work? (e) Means of injury

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

Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 me

J. B. Moore, Registered Apprentice No.

working under my personal supervision.

Signed: J. B. Moore

Licensed Embalmer No. 2410

P. O. Address: 1820 E 18th 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, fact should be so stated above.