

S. No. 2
1-9-4-41
7. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18151

State File No.

Registration District No. 398

Primary Registration District No. 5534

Registrar's No. 143

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Blue Township
(c) Name of hospital or institution: Kansas City Intercity District
142 S. Oxford
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 Years
In this community 30 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Intercity District RURAL
(d) Street No. 142 S. Oxford
(If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME CALVIN CURTIS RICHARDSON
3. (b) If veteran, name war. No
3. (c) Social Security No. 187-03-1872

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, or married
6. (b) Name of husband or wife Mary Jane
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 24 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 7
If less than one day hr. min.

9. Birthplace Adams County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Postal Telegraph

MOTHER FATHER
12. Name William Henry
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Over
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mary J. Richardson
(b) Address 142 S. Oxford

17. (a) Burial (b) Date thereof June 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.
(b) Address Kansas City Mo.

19. (a) Date received local registrar June 19 1942
(b) Registrar's signature James W. Ross
1163 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1942 hour 1 minute 15 AM
21. I hereby certify that I attended the deceased from April 1, 1941
19 to May 23, 1942
that I last saw him alive on May 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic Aneurysm, Chronic Myocarditis
Due to: Arteriohypertension
Duration: 20 years

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: none performed
Of operations: none performed
Of autopsy: none performed
PHYSICIAN

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?

23. Signature Fred W. Link
Address Faermant, Mo. Date signed 6/1/42

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

R

JUN 23 1942

AUG 25 1942

Dr. Kimball

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 *A. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *K. C. Mo*

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.