S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 39924

Registrar's No. 4843

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: K.C.General Hospital No.1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)

In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 5747 Prospect
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country:

3. (a) PRINT FULL NAME: Mary Richardson

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Fem.

5. Color or race: White

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

6. (b) Name of husband or wife: Norman V. Richardson

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: [redacted] (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	9	20	hr. min.

9. Birthplace: Middlesbury (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: at home

FATHER
12. Name: J.F.Middlesworth
13. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name: Mary Fani
15. Birthplace: Unknown Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant: Norman V. Richardson
(b) Address: 5747 Prospect, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-27-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Holden, Missouri

18. (a) Signature of funeral director: Canady and Ropp
(b) Address: Holden, Missouri

19. (a) Dec. 27 1942 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd year 1942 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from hh-13-42 19 , to 12-22-42 , 19 ; that I last saw h er alive on 12-22-42 , 19 and that death occurred on the date and hour stated above.

Immediate cause of death: [redacted] Duration

Due to: [redacted]

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy: None

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 type of place)

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

23. Signature: [illegible] (M. D. or other)

Address: Med. Dir. K.C. Gen. hospital 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Samuel B. Ropep

Licensed Embalmer No. 4044

P. O. Address Holden, 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.