

S. No. 2
OM-5-43
v. 5-17-39
I X36871

33385

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4168

Registration District No. 149 Primary Registration District No. 1002

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

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:
2320 Van Brunt Blvd.
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days) 35 Years

3. (a) PRINT FULL NAME Phillip A. Richardson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Alice Richardson

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

7. Birth date of deceased 6 - 7 - 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Richardson

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Roy Richardson

(b) Address 2320 Van Brunt Blvd.

17. (a) Burial (b) Date thereof 10-16-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 10-16-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2320 Van Brunt Blvd. 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th.
year 1944 hour 3 minute _____ P. _____ M.

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

Immediate cause of death _____ Duration _____

Carcinoma of Prostate.

Due to _____

Due to _____

Other conditions _____ 51 to
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____

Of operations _____

Of autopsy History

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. E. Washer (M. D. or other) _____
2311 Co. 10/16/44 Date signed

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.....

J. A. Hennrich

Licensed Embalmer No. 3599

P. O. Address K E M O

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.