

FILED MAR 7 1945

Primary Registration District No. 1002

Registrar's No. ....

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: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 71 Years. 17 Days. (Specify whether 1 day)

In this community 71 Years. 17 Days.  
(years, months or days)

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. 6415 Sni-A-Bar  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MRS. VELVA LEE RICHARDSON

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st  
year 1945 hour ..... minute A. M.

4. Sex Female 5. Color or race White

6. (b) Name of husband or wife Fred A. Richardson 6. (c) Age of husband or wife if alive 4th years 1874

7. Birth date of deceased Feb. (Month) 4th (Day) 1874 (Year)

21. I hereby certify that I attended the deceased from ..... 19.....  
Pathologist  
that I last saw him ..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 0 Days 17 If less than one day  
hr. min.

Immediate cause of death Peritonitis

Duration .....

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

Due to Intestinal obstruction

Due to Peritoneal adhesions  
(Cause of adhesions not known)

10. Usual occupation At home

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

11. Industry or business .....

12. Name Ehud H. Russell

13. Birthplace Simsbury Conn.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Major findings: Of operations ..... 1725

Of autopsy As above

PHYSICIAN .....  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. R. L. Strain

(b) Address 5004 Glenside

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

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

(b) Date of occurrence .....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/45  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

(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? .....

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

While at work? (Specify type of place) (e) Means of injury 0

19. (a) 2-23-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

23. Signature Ernie Sherwood (M. D. certifier)  
Address Pathologist Date signed .....

St. Joseph Hospital, K.C., Mo.

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

**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**