V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

48
3
8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1945

Registration District No. 1959

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16034

Primary Registration District No. 1002

Registrar's No. 2101

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: 3037 E 32ND STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - - - - (Specify whether
In this community 37 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 3037 E 32nd STREET
(If rural, give location)

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

If yes, name country - - - - - - -

3. (a) PRINT FULL NAME MR. WEBSTER McINTYRE RICHRDSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife AMANDA RICHARDSON

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased OCT - 31 - 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	11	hr. min.

9. Birthplace HILLSBORO, ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation MAINTANENCE MAN.

11. Industry or business K.C. TERMINAL R.R.

FATHER
12. Name McINTYRE RICHARDSON
13. Birthplace NEW HAMPSHIRE
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MATTIE MOALE
15. Birthplace MISSISSIPPI
(City, town, or county) (State or foreign country)

16. (a) Informant Amanda Richardson
(b) Address 3037 E. 32nd. St.

17. (a) BURIAL (b) Date thereof 5-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-14-45 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MAY day 12th
year 1945 hour 12 minute 50 A M.

21. I hereby certify that I attended the deceased from 1938, 19[illegible], to May 12, 1945;
that I last saw him alive on May 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Peritonitis

Due to Perforated Carcinoma Duodenum

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 C

Of autopsy no

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 type of place)

While at work? (e) Means of injury

23. Signature James L Ferguson MD (M. D. or other)

Address 410 Bryant Bld. Date signed 5/12/45

(Licensed Embalmer's Statement on Reverse Side)

Bryant Bldg.

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.