

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13335

State File No.

FILED MAY 6 1946

Registrar's No. 1923

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: 4136 Penn /
(If not in hospital or institution, write street number or location)

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

In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4136 Penn 8
(If rural, give location) 0

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

3. (a) PRINT MRS. LETITIA RICHARDSON
FULL NAME

3. (b) If veteran, name war XX

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 23
year 1946 hour 10:00 minute A. M.

4. Sex Fe / 5. Color or race Wh

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

21. I hereby certify that I attended the deceased from 20 April 1946 to April 23 1946
that I last saw her alive on April 23 1946
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Wm. Thomas Richardson

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September 22 1896
(Month) (Day) (Year)

Immediate cause of death: Chronic Hypertension 6 weeks
Due to: Atherosclerosis - 5 yrs

8. AGE: Years Months Days If less than one day

49 7 1 hr. min.

Duration

Due to.....

9. Birthplace Soddy Tenn /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

11. Industry or business

12. Name William Jones

13. Birthplace Wales 4
(City, town, or county) (State or foreign country)

14. Maiden name Letitia Castle
(City, town, or county) (State or foreign country)

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

Major findings: Of operations.....
Of autopsy: us 93d

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

16. (a) Informant Wm. T. Richardson

(b) Address 4136 Penn

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?.....

17. (a) Burial (b) Date thereof 4-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J.W. Wagner
Kansas City, Mo.

(b) Address

23. Signature of Registrar M.B. Cashel
Address 4000 Baltimore Ave. Kansas City, Mo. 64111

19. (a) 4-25-46 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

4000
VA 5115

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 Abrie R. Harnschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.