

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26562**  
Registrar's No. **3451**

FILED SEP 4 1948

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: **St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Infant**  
In this community **life**  
years, months or days (Specify whether)

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. **3230 East 11th Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **BOBBY GENE Richardson**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **20th**  
year **1948** hour **11** minute **41** P.M.

4. Sex **Male** 5. Color or race **White**  
6. (a)  Single  widowed, married, divorced **Infant**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from **August 20**  
**1948** to **August 20**, 1948.  
that I last saw him alive on **August 20**  
and that death occurred on the date and hour stated above.

7. Birth date of deceased **August 20, 1948**  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
**0** **0** **0** hr. **5** min.

Immediate cause of death  
Due to **Birth Injury**

9. Birthplace **Kansas City, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Infant**

Due to **Toxemia of Pregnancy, Mother**  
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business  
12. Name **Junior P. Richardson**  
13. Birthplace **Kansas City, Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Jo Power**  
15. Birthplace **Kansas City, Missouri**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations **1120 a**  
Of autops **above**  
Underline the cause to which death should be charged statistically.

16. (a) Informant **J. P. Richardson**  
(b) Address **3230 East 11th Street**  
17. (a) **Burial** (b) Date thereof **8/23/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Green Lawn Cemetery**  
18. (a) Signature of funeral director **Earp & Sons**  
(b) Address **4139 East 15th Street**  
19. (a) **8-23-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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 **[Signature]** (M. D. or other)  
Address **St. Joseph Hospital** Date signed **2/11/48**

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**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.....

*Jama W. Payne*, Registered Apprentice No. 203  
working under my personal supervision.

Signed *Jama W. Payne*

Licensed Embalmer No. 2955

P. O. Address H. C. [unclear]

**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.**