S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29938

Registrar's No. 3706

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: General Hospital No. 1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 14 days (Specify whether years, months or days)

In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 49

(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 1218 Park 0
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Calvin Richardson

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

3. (c) Social Security No.: None

4. Sex: Male O

5. Color or race: White

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

6. (b) Name of husband or wife: Neva Richardson

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: January (Month) 18 (Day) 1882 (Year)

8. AGE: Years 66 | Months 7 | Days 21 | If less than one day: hr. min.

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

10. Usual occupation: Retired Barber

11. Industry or business: x

FATHER
12. Name: Unkn wn
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unkn wn (City, town, or county) (State or foreign country) 9

16. (a) Informant: Harold Richardson
(b) Address: 3820 Chestnut K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cemetery

18. (a) Signature of funeral director: Wilks Funeral Home
(b) Address: 2315 Linwood K. C. 3 Mo.

19. (a) 9-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1948 hour 2 minute 3 P. M.

21. I hereby certify that I attended the deceased from Aug. 26, 1948, to Sept. 9, 1948, that I last saw him alive on Sept. 9, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular accident-G. I. malignancy-Generalized arterio-sclerosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 46 r
Of autopsy: None

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: O

23. Signature: Wm. W. Hart (M. D. or other) MD

Address: Med. Dir. Gen'l Hosp. Date signed: 9-10-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible]

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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address K C. 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.