

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30533

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 4128

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>83 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>3730 SUMMIT AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3730 SUMMIT AVENUE 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSIE</u> b. (Middle) <u>M.</u> c. (Last) <u>RICHARDSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-23-1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JULY-4-1861</u>		9. AGE (In years last birthday) <u>88 YRS.</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>NEW YORK</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>HUGH McLAUGHLIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM R. RICHARDSON</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MAUDE RICHARDSON 3730 SUMMIT AVENUE KANSAS CITY, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Myocardial degeneration</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42 x 1</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Kansas City, Jackson, Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Sept 22, 1949, to Sept 23, 1949, that I last saw the deceased alive on Sept 23, 1949, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. K. Robinson M.D.</u>		23b. ADDRESS <u>428 Professional Bldg.</u>		23c. DATE SIGNED <u>Sept 24, 49</u>	
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24a. BURIAL, CREMATION, REMOVAL: (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT-26-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>9-26-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, Mo.</u>	
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WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Robert Ray*

Licensed Embalmer No. 4182

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.