

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8957

1329

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 6 YRS.		
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 1035 WESTOVER ROAD		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1035 WESTOVER ROAD		1035 WESTOVER ROAD		
3. NAME OF DECEASED (Type or Print) JAMES D. RICHARDSON		a. (First) D b. (Middle) RICHARDSON c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MAR 17, 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 4, 1875	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY LAWYER		11. BIRTHPLACE (State or foreign country) TENNESSEE
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME JAS. D. RICHARDSON		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARY RICHARDSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MARY RICHARDSON ADDRESS 1035 WESTOVER ROAD
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 mos.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis, cerebral DUE TO (c)		4 yrs		
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
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?
22. I hereby certify that I attended the deceased from May, 1949, to Mar. 17, 1950, that I last saw the deceased alive on Mar. 17, 1950, and that death occurred at 4:15 p.m., from the causes and on the date stated above.				
23a. SIGNATURE Edw. B. Hashinger (Degree or title) Edw. B. Hashinger, M.D.		23b. ADDRESS 411 Alameda St. Kansas City, Mo.		23c. DATE SIGNED 3/21/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/21/50		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI				
DATE REC'D BY LOCAL REG. 3-21-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. KANSAS CITY, MO.

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

Living in Tennessee

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 *S Jallen* _____

Licensed Embalmer No. *1415* _____

P. O. Address *H. C. 210* _____

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.