

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36995

State File No.

4735

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH <u>K.C.T.B. Hospital</u> 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 or township) <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (In this place) <u>10</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>715 E. 8th</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City T.B. Hospital</u>				3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>Richardson</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3 1955</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>			
8. DATE OF BIRTH <u>March 2, 1898</u>		9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Librarian</u>			
11. BIRTHPLACE (State or foreign country) <u>Douglas Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Westerman</u>			
14. NAME OF HUSBAND OR WIFE <u>Alice Richardson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>492-14-8224A</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Sarah Dale - 5204 E. 24 - K.C.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>002X</u>	
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)		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 <u>Oct. 24, 1955</u> , to <u>Nov. 3, 1955</u> , that I last saw the deceased alive on <u>Nov. 2, 1955</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) of <u>Edward P. Altman M.D.</u>				23b. ADDRESS <u>K.C.T.B. Hosp.</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Nov. 5-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Colnwood</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-4-55</u>		REGISTRAR'S SIGNATURE <u>Reva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wm. C. L. Foster Funeral Home Kas. City Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Raymond R. [Signature]
Licensed Embalmer No. 4266

Signed.....
Student Embalmer

P. O. Address Kansas, [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to copy the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.