SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

2975 -61-021438
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUN 28 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in Ib 50 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2447 Forest
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Bessie Middle Last Richardson
4. DATE OF DEATH Month 6 Day 13 Year 61
5. SEX Female
6. COLOR OR RACE Negro
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-10-92
9. AGE (last birthday) 68
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Little Rock, Ark.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Doc Parker
13b. MOTHER'S MAIDEN NAME Lacynia Britt
14. NAME OF HUSBAND OR WIFE James Richardson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT James Richardson, Address 2447 Forest

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bleeding Peptic Gastric
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ulcers
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Early Cirrhosis Pneumonia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 5/20/61 to 6-12-61 and last saw her alive on 6-12-61
Death occurred at 4:32 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Frank Ellis (Degree or Title) M.D.
22b. ADDRESS 2400 Cherry - City
22c. DATE SIGNED 6/13/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-15-61
23c. NAME OF CEMETERY OR CREMATORY Highland
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Jones & Stevens, ADDRESS 2315 Linwood
25. DATE RECD. BY LOCAL REG. 6-14-61
26. REGISTRAR'S SIGNATURE Ruth W. Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed John R. Sidno

Licensed Embalmer No. 1453

P. O. Address Kansas C

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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