

MAY 11 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**14325**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001  
 (c) City St. Joseph, Mo. (d) Street No. 2021 Lovers Lane St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

400 KATHERINE C. REILLY  
 (a) Residence, No. 1024 Felix Street, St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Western Grocery Co  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison, Kansas

FATHER 13. NAME James W. Reilly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria, Illinois

MOTHER 15. MAIDEN NAME Sarah A. Kane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Penn

17. INFORMANT (ADDRESS) Mrs. Krause Zimmerman, 2021 Lovers Lane, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem. DATE April 20th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fleeman & Son Inc. 1946 Colburn St. St. Joseph, Mo.

20. FILED Apr 27 1939 H. J. Mitchell Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939

22. I HEREBY CERTIFY, That I, attended deceased from April 24, 1939, to April 26, 1939

I last saw her alive on April 26, 1939. Death is said to have occurred on the date stated above, at 10:25 a. m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset Jan 1939

Other contributory causes of importance: None

Name of operation None Date of ✓  
 What test confirmed diagnosis Clinical. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1939

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify None

(Signed) Arthur A. Jan, M. D.  
 (Address) 1114 1/2 E. 13th St. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X1685

**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.....

*myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *John E. Rupp*.....

Licensed Embalmer No. *2986*.....

P. O. Address *St. Joseph*.....

**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, above space should be left blank.**