

MO LAP 16 1940

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

8481
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Washington 3 Primary Registration District No. 6162 Registered No. 37
(c) City Nevada (d) Street No. State Hospital # 3 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALBERTA GERTRUDE RIKEY

(a) Residence, No. 1211 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nathan Arthur Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1896

7. AGE YEARS 43 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1 year 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) BATES COUNTY MISSOURI (STATE OR COUNTRY)

FATHER 13. NAME J. K. HODGES

14. BIRTHPLACE (CITY OR TOWN) ILLINOIS (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME JEMIMA WALKER

16. BIRTHPLACE (CITY OR TOWN) ILLINOIS (STATE OR COUNTRY)

17. INFORMANT RECORDS (ADDRESS) STATE Hospital # 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Everett beam DATE July 1940

19. FUNERAL DIRECTOR (NAME) CREATH & SIX (ADDRESS) ADRIAN MO.

20. FILED 2-12 1940 Allen & Co Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940, to Feb 4, 1940. I last saw her alive on Feb 4, 1940. Death is said to have occurred on the date stated above, at 2:35 A.M.. The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix and Uterus

Date of onset April 1939

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? clinical & x-ray 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 _____, 19____
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? _____
If so, specify (Signed) Paul L. Barone, M. D.
(Address) State Hospital # 3

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 K. 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.
 V. S. NO. 1 X16603
 50M-9-19-33

RECEIVED
District Health Officer No. 7,
District File Number 3-40-348
Date Filed 3-11-48

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

Signed.....

L. S. S. S. S.
Licensed Embalmer No. 3650

P. O. Address Adrian Mo.

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.