MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
50M-10-22-36
1 X9314

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

FILED APR 12 1940

Do not use this space.

10208

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township Washington — Primary Registration District No. 1001 — Registered No. 288
City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Mrs. Kathrine Riley
(a) Residence, No. St., Ward. Corning, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Mrs. E. L. Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 6, 1876

7. AGE: YEARS 63 — MONTHS 6 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: In the home
10. Date deceased last worked at this occupation (month and year): 2 weeks ago
11. Total time (years) spent in this occupation: 42 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Bethany, Missouri

FATHER
13. NAME: Richard Watson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mr. Fred Riley, Craig, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Corning, Mo. DATE 3/13 1940

19. UNDERTAKER (ADDRESS): Schooler Bros. Craig, Mo.

20. FILED March 11 1940 H. J. Nestlebush 85 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1940, to 3-11, 1940.
I last saw her alive on 3-10, 1940. Death is said to have occurred on the date stated above, at 7:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia-Lobar	3 days
Other contributory causes of importance: La Grippe 11 W	2 weeks

Name of operation: none — Date of —
What test confirmed diagnosis? Findings — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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? No
If so, specify
(Signed) H. W. Carle, M. D.
(Address) 301 P. O. Bldg, St Joseph Mo

STATEMENT BY LICENSED EMBALMER

I, Wilber L. Schooler, Licensed Embalmer No. 3997 hereby certify that the body recorded on the reverse side of this Certificate was embalmed by me

or by _____, Registered Apprentice No _____

(Signed) Wilber L. Schooler

Licensed Embalmer No. 3997

NOTE: *The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above regulation constitutes grounds for revocation.)*