

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5764

State File No. _____

Registrar's No. **536**

Registration District No. **2299**

Primary Registration District No. **1002**

48
3
8

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2015 Linwood Blvd. Apt. # 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **-----**
(Specify whether)

In this community **5 Years**
years, months or days

3. (a) PRINT FULL NAME **Mrs. Emma J. Rikley**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mr. Edward A. Rikley**

6. (c) Age of husband or wife if alive **-----** years

7. Birth date of deceased **February 4 1858**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	--	--	----- hr. ----- min.

9. Birthplace **Map: Belleville, Mo. Canada 7**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **-----**

MOTHER { 12. Name **Levi Weese**

13. Birthplace **Map: Belleville, Mo. Canada 7**
(City, town, or county) (State or foreign country)

14. Maiden name **Margarete Pretty**

15. Birthplace **Map: Belleville, Mo. Canada 7**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L. H. Burch**

(b) Address **2015 Linwood Blvd. Apt. # 12**

17. (a) **Cremation** (b) Date thereof **Feb. 6, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **D.W. Newcomer's Sons**

18. (a) Signature of funeral director **D.W. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **2/6/41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **2015 Linwood Blvd. Apt. # 12**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **32 0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **4th**
year **1941** hour **-----** minute **P.M.**

21. I hereby certify that I attended the deceased from **July 7, 1940**, to **Feb 4, 1941**; that I last saw her alive on **Feb. 4, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death

Chrom. Myocarditis	7 mo
Chrom. Int. Nephritis	7 mo
Arterio Sclerosis	7 mo

Other conditions (Include pregnancy within 3 months of death) **-----**

Major findings: Of operations **-----**

Of autopsy **-----**

PHYSICIAN **-----**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **-----**

(b) Date of occurrence **-----**

(c) Where did injury occur? **-----** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **-----**

While at work? **-----** (Specify type of place) (e) Means of injury **-----**

23. Signature **H. J. Curtis** (M. D. or other)

Address **900 Kault Bldg.** Date signed **7/5/41**

Paula Berg

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:

C. Hervey Cusack

Licensed Embalmer No.....

40 709

P. O. Address.....

K.C. 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, fact should be so stated above.