

No. 2
4-12-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9556

State File No. _____

APR 15 1941

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 965

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

1. PLACE OF DEATH:
 (a) County: Jackson
 (b) City or town: Kansas City
 (c) Name of hospital or institution: 2216 Benton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 50 Yrs 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Catherine Saphrona Riley
 (b) If veteran, name war: No
 (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: James W. Riley
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: June 12, 1859
 (Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace: New Orleans, La. (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: _____

MOTHER FATHER {
 12. Name: Hubert O'Fallon
 13. Birthplace: _____ (City, town, or county) (State or foreign country)
 14. Maiden name: Donnelly
 15. Birthplace: Maryland (City, town, or county) (State or foreign country)

16. (a) Informant: George W. Riley
 (b) Address: 2216 Benton

17. (a) Burial (b) Date thereof: 3/8/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Quirk & Tobin Co.

(b) Address: _____

19. (a) Mon 9, 1941 (b) M. M. Crowe
 (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.: 2216 Benton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March, Day: 6, Year: 1941, hour: _____, minute: _____, M.

21. I hereby certify that I attended the deceased from: Feb 22, 1941, to: March 5, 1941, that I last saw him alive on: March 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia Infectious
 Due to: Asthma & Bronchial Infection
 Due to: _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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)
 (b) Means of injury: _____

23. Signature: Dr. Hubert S. Sennar (M.D. or other)
 Address: 140 2nd St. St. Louis, Mo. Date signed: 3/7-41

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.....

Harold Perry

Licensed Embalmer No.

40991

P. O. Address.....

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.