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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18066

Registration District No. 400 Primary Registration District No. 555313 Registrar's No. 109

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson County Home for the Aged & Infirm (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months (Specify whether

In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48 0

(c) City or town Kansas city 0 (If outside city or town limits, write "RURAL")

(d) Street No. 2613 E 31st St (If rural, give location)

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

3. (a) PRINT FULL NAME Emma Riley

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Dec (Month) 10 (Day) 1852 (Year)

8. AGE: Years 88 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Liberty Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Records, Jackson County Home
(b) Address Lee's Summit, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 6 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Missouri

18. (a) Signature of funeral director Clark Hegent
(b) Address Raytown Missouri

19. (a) 6-6-41 (Date received local registrar) (b) Lora A. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1941 hour 8 minute a. M.

21. I hereby certify that I attended the deceased from 3/14 1941 to 6-6 1941 that I last saw her alive on 6/6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Senile debility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature J W Greene (M. D. or other) D
Address Independence Date signed 6/6-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.