

FILED AUG 16 1941  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2764

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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. Not a Hospital case  
(Specify whether  
In this community. 11 Months 0 (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Riley, Helen Louise

3. (b) If veteran, name war. No 3. (c) Social Security No. No.

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife. No 6. (c) Age of husband or wife if alive. No years  
7. Birth date of deceased August 17, 1940 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 11 6 hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER  
12. Name Noah C. Riley  
13. Birthplace Stahl Missouri (City, town, or county) (State or foreign country)  
14. Maiden name. Lola Anderson  
15. Birthplace Macon Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Noah Riley

(b) Address 924 East 14th.

17. (a) Burial (b) Date thereof 7/24/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Macon, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn St. No. 10

19. (a) 7/23/41 (b) M. M. Cronin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town. Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 924 East 14th St. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1941, 19, to July 23rd, 1941; that I last saw her alive on July 22nd 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Whooping cough Duration: About 2 weeks  
Due to: Malnutrition 9 Indefinite

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged etiologically.

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 Quincy R. Johnson (M. D. or other) 0  
Address Med. Bldg. K.C. Gen. Hospital Date signed

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

**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 me

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

Signed J. Blair Shaffer  
Licensed Embalmer No. 17417

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.**