DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26480

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3173

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: Research Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether

In this community 7 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 27 0

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

(d) Street No. (If rural, give location) 1

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

3. (a) PRINT FULL NAME LEE H. RILEY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept (Month) 7 (Day) 1861 (Year)

8. AGE: Years 80 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business Retired

FATHER
12. Name W. W. Riley
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Eliza Pearson
15. Birthplace Clay (City, town, or county) Mo O (State or foreign country)

16. (a) Informant's own signature W W Riley

(b) Address Oxmulgee Oxea

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-42 (Month) (Day) (Year)

(c) Place: burial or cremation Holt Mo

18. (a) Signature of funeral director Leonard Fry

(b) Address Kearney Mo

19. (a) 8-24-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1942 hour 12 minute 30 a M.

21. I hereby certify that I attended the deceased from 8-17, 1942 to 8-24, 1942 that I last saw him alive on 8-23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Myocardial Degeneration

Due to Arteriosclerosis Senility

Other conditions (Include pregnancy within 3 months of death) 92D

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 R Black (M. D. or other)

Address 924 Pry Bldg 1610 Date signed 8-24-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
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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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney Neb.

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, above space should be left blank.