

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29858**

FILED OCT 13 1942

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **899**

1. PLACE OF DEATH:

(a) County **Buchanan,**
(b) City or town **Saint Joseph,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri Methodist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community **13 years,** years, months or days)

3. (a) PRINT FULL NAME **James C. Riley,**

3. (b) If veteran, name war **World # 1**

3. (c) Social Security No.

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

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

6. (b) Name of husband or wife **Alethea Riley**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **August 8th, 1887**
(Month) (Day) (Year)

8. AGE: Years **55** Months **1** Days **11** If less than one day hr. min.

9. Birthplace **Buchanan County, Missouri,**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer,**

11. Industry or business **Farm,**

12. Name **John E. Riley,**

13. Birthplace **Boone County, Missouri,**
(City, town, or county) (State or foreign country)

14. Maiden name **Isabelle Long,**

15. Birthplace **Buchanan County, Missouri,**
(City, town, or county) (State or foreign country)

16. (a) Informant **John M. Riley**

(b) Address **1304 South 27th. Street,**

17. (a) **Burial** (b) Date thereof **9/21/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cemetery,**

18. (a) Signature of funeral director **W. H. Beaman**

(b) Address **319 So. 10th. Street, St. Louis**

19. (a) **9-21-42** (b) **Rose Herzog**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Buchanan**
(c) City or town **Saint Joseph,**
(If outside city or town limits, write "RURAL")
(d) Street No. **1304 South 27th. Street,**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** 19th. year **1942** hour **8:00** minute **10 a.m.**

21. I hereby certify that I attended the deceased from **on Sept 19th, 1942**, 19...; that I last saw him **alive on**, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death **Skull fracture of left parieto-temporal fossa, (anterior) with dural hemorrhage**
Due to **and Concussion.**

Due to **Hypostatic pneumonia** both lungs **1 day.**

Other conditions **He sustained a skull fracture in a drunken fight on Sept 18 - 1942 about 2 a.m.**
Major findings: Of operations **yes**
Of autopsy **yes**
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) **Homicide**
(b) Date of occurrence **Sept 15 - 1942**
(c) Where did injury occur? **St Joseph Buch Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On street at 10th and Lafayette sts.
(Specify type of place) (e) Means of injury **Fight**

While at work? **no**
23. Signature **H. J. Mundy** (M. D. or other) **3**
Address **464 W 9th St** Date signed **9/21/42**

1233

(Licensed Embalmer's Statement on Reverse Side)

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 Sept. 19, 4

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

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Memphis

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.