

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 23 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Richanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 wks.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Weston
(If outside city or town limits, write "RURAL")
(d) Street No. Main st.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

83
1
0

3. (a) PRINT FULL NAME Gladys Mary Kirkpatrick Riley

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John B. Riley 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 30, 1942
(Month) (Day) (Year)

8. AGE 31 Years Months 2 Days 17
If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Price Kirkpatrick

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lula Gilbert

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Spanner

(b) Address Weston, Missouri

17. (a) burial (b) Date thereof Oct. 19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamral Hill, Weston, Mo.

18. (a) Signature of funeral director W. R. Vaughn

(b) Address Weston, Missouri

19. (a) 10-19-42 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1942 hour 4 minute a.m.

21. I hereby certify that I attended the deceased from Oct 13, 1942 to Oct 17, 1942
that I last saw her alive on Oct 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death, Ins. Mental Melancholia Postura

Due to _____

Due to _____

Other conditions Atten. depression prior
(Include pregnancy within 3 months of death) unknown

Major findings: _____

Of operations 4/4

Of autopsy None

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? _____

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

23. Signature John A. Spang (M. D. or other)

Address Weston, Mo. Date signed 10-17-42

1233 (Licensed Embalmer's Statement on Reverse Side)

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

11
1
7

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 W. P. Vaughn
Licensed Embalmer No. 4023
P. O. Address Winton 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.