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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1298

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 20

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: /
702 West 13th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 702 West 13th
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS. NELLIE RILEY

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 Widow

6. (b) Name of husband or wife Hubert Riley

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

7. Birth date of deceased Sept 5 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hiram Pettit
13. Birthplace No record (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country) 9

16. (a) Informant Edward Dalton
(b) Address 2700 Belleview

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tobin Co
(b) Address 20 West Linwood

19. (a) 1-4-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day Jan year 1943 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 31, 1942, 19.., to Jan 3, 1943, that I last saw her alive on Jan 3, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza	8-10 days
Secondary pneumonia	few hours
Due to: Chronic endocarditis	1 year
Due to: Possible pulmonary tuberculosis following influenza one year ago	1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 3 f 1
Of autopsy

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) no
(b) Date of occurrence —
(c) Where did injury occur? none (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. M. Price (M. D. or other) DO.
Address 1119 Washington St. Date signed 1-4-43

(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 Charles M Zurk

Licensed Embalmer No. 3774

P. O. Address K C Mo

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

If this body is not embalmed, fact should be so stated above.