

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 194

FILED JUL 20 1944

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town 9 mo
(c) Name of hospital or institution: State Hosp # 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 10-27-41
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town St Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 1572 (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anne Theresa Riffe
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 6
year 1944 hour 5 minute 30 M.
21. I hereby certify that I attended the deceased from 10-27-41
_____ 19____ to 6-6 _____ 1944
that I last saw him alive on 6-5 _____ 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced widow
(b) Name of husband or wife Wm Kennedy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 3 1865
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis
Duration _____

8. AGE: Years 79 Months 2 Days 6 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace mo (City, town, or county) _____ (State or foreign country) 0

10. Usual occupation DK

Major findings: Of operations _____
Of autopsy _____
93d
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Wm Kennedy
13. Birthplace Missouri (City, town, or county) _____ (State or foreign country) 4
14. Maiden name Mary Deany
15. Birthplace Missouri (City, town, or county) _____ (State or foreign country) 4

16. (a) Informant Record
(b) Address State Hosp.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 6-44
(Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director Willa Funeral Home
(b) Address 7 West 6th Fulton mo

19. (a) June 6-1944 (b) Joie Marshall
(Date received local registrar) (Registrar's signature)

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) _____
(e) Means of injury _____
23. Signature W. E. Shumaker (M. D. or other) _____
Address Fulton mo Boys sign

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

14
1/2

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

19
7-19-44

7-19-44

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 Denzil P. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.