S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23173

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3006

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: 1514 Lydia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1514 Lydia 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Robert Riser

3. (b) If veteran, name war None

3. (c) Social Security No. 448-07-6139

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Johnie Mae Riser

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June (Month) 8, (Day) 1900 (Year)

8. AGE: Years 45 Months 1 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Elevator Operator

11. Industry or business .....

FATHER
12. Name Arthur Jefferson
13. Birthplace ..... (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Margaret Riser
15. Birthplace Perry County (City, town, or county) Arkansas (State or foreign country) 1

16. (a) Informant Johnie Mae Riser
(b) Address 1514 Lydia

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/18/45 (Month) (Day) (Year)
(c) Place: burial or cremation Tulsa Okla.

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 7-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1945 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from June 26, 1945, to July 13, 1945 that I last saw him alive on July 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death) 83

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. M. Gill (M.D. or other)
Address 1932 M S Kansas City Mo. Date signed 7-14-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gill.

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 D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.