

S. No. 2
M-5-43
5-17-39
P I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16815**
Registrar's No. **2258**

FILED JUN 3 1946

Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **420 West 42nd St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX**
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MRS. ZETTA HILES RILEY**
(b) If veteran, name war **XX**
(c) Social Security No. **None**

4. Sex **Fe** / 5. Color of race **Wh**
6. (a) Single, widowed, married, divorced. **Widowed**
6. (b) Name of husband or wife **Jerry Riley**
6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **August 5 1888**
(Month) (Day) (Year)

8. AGE: Years **57** Months **9** Days **14**
If less than one day hr. min.

9. Birthplace **Kansas City Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER { 12. Name **Robert W. Hiles**
13. Birthplace **Ky**
(State or foreign country)

MOTHER FATHER { 14. Maiden name **Clara Logan**
15. Birthplace **Galva Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lester J. Hiles**

(b) Address **3956 Wyandotte**

17. (c) **Burial** (b) Date thereof **5-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **J.W. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) **5-20-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **420 West 42nd St.**
(If rural, give location) **8**
(e) Citizen of foreign country? **No** (Yes or No) **1**
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** 19 **19**
year **1946** hour **1:** minute **30 P** M.
21. I hereby certify that I attended the deceased from **April 15 - 45**
19 **46**, to **May 19** 19 **46**
that I last saw her alive on **May 10** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Duration **Sudden**

Due to **Cerebral thrombosis** **13 month**
290

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: **94a**
Of operations

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)

(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 **Orlen Struzycki** (M. D. or other) **0**
Address **304 E 12** Date signed **5/20/46**

Original by No 4960

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..... *Cecil R. Matthes*

..... Licensed Embalmer No. *3807*

..... P. O. Address *Kansas City 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.