

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40816
Registrar's No. 5237

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RESEARCH HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3-DAYS (Specify whether
In this community 2 YEARS years, months or days)

3. (a) PRINT FULL NAME FRANK DAVID RILEY
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCTOBER 9 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 2 3 hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business

MOTHER FATHER
12. Name FRANK L. RILEY
13. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name EDNA MORRIS
15. Birthplace HAVENSVILLE KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank L. Riley
(b) Address 3210 Victor Avenue

17. (a) CREMATION (b) Date thereof DEC-14-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation D.W. NEWCOMERS SONS

18. (a) Signature of funeral director D.W. Newcomer, Sons
(b) Address 1401-BUSH CREEK BLVD

19. (a) 12-13-46 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3210 VICTOR (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER day 12TH
year 1946 hour 4 minute 05 A. M.
21. I hereby certify that I attended the deceased from Dec 9
9 1946, to Dec 12 1946
that I last saw him alive on Dec 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute laryngotracheobronchitis Duration 3 days

Due to _____
Due to _____
Other conditions 106C
(Include pregnancy within 3 months of death)

Major findings: Of operations Edema of the larynx
Of autopsy Same
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) (c) Means of injury _____
23. Signature Frank J. Forman (M. D. certifying)
Address 1110 Professional Bldg Date signed 12/13/46
RS, mo

1110
11:30-1:30, 4-5

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 Emile M. Colburn
Licensed Embalmer No. 3506
P. O. Address KC 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..