

No. 2  
12-45  
17-39  
X47070

FILED DEC 31 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  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 21 days  
(Specify whether years, months or days)  
 In this community 30 years

3. (a) PRINT FULL NAME Mary J. Riley  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Geo. Patrick Riley  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased September 20, 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 28  
 If less than one day hr. min.

9. Birthplace Frederick, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER

12. Name Michael Gorman

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Foley

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Caley

(b) Address 2003 Monroe, K. C., Mo.

17. (a) Burial (b) Date thereof 12-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar  
 (b) Address Kansas City, Missouri

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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 925 East 9th St.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 18th  
 year 1946 hour 12 Noon minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from 11-27-46 to 12-18-46  
 that I last saw her alive on 12-18-46  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Major findings:  
 Of operations 838  
 Of autopsy See above

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 W. W. Hart (M. D. or other) MD  
 Address Med. Dir. K.C. Gen. Hosp. K. C. Mo. Date signed \_\_\_\_\_

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

**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.....

*C. Dean Cole*

....., Registered Apprentice No. *408*

working under my personal supervision.

Signed *Russell N. Francis*

Licensed Embalmer No. *4255*

P. O. Address *K. C. 7th*

**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.**