

S. No. 2
M-5-43
r. 5-17-39
b 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17589**
Registrar's No. **2096**

FILED MAY 26 1947
1947

Registration District No. _____ Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Joseph Hospital**
(d) Length of stay: **11 Days**
In this community **30 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City**
(d) Street No. **3538 Garfield**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Magdalen Riley**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **487-01-2518**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **9th**
year **1947** hour **9** minute **15 P.** M.
21. I hereby certify that I attended the deceased from **Feb 4**, 1947, to **May 9**, 1947;
that I last saw **her** alive on **May 9**, 1947;
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Wh.**
6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Charuel S. Riley**
6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased: **3-18-1884**

Immediate cause of death **malnutrition and general debility due to wasting and dietary failure.**
Due to **Chronic Lymphatic Leukemia 1 year**
Duration **3 1/2**

8. AGE: Years **63** Months **1** Days **21**
If less than one day hr. _____ min. _____

Other conditions ~~_____~~
Major findings: ~~_____~~
Of operations ~~_____~~
Of autopsy ~~_____~~
742

9. Birthplace **Minnesota**
10. Usual occupation **saleslady**
11. Industry or business **Emery Bird Thayers**
12. Name **Joseph Hohman**
13. Birthplace **Germany**
14. Maiden name **Charlotte Winkler**
15. Birthplace **Germany**
16. (a) Informant **Miss Charlotte Lang**
(b) Address **St. Paul Minnesota**
17. (a) **Removal** (b) Date thereof **5-12-47**
(c) Place: burial or cremation **St. Clair, Minnesota**
18. (a) Signature of funeral director **Wm. C. L. Forster**
(b) Address **R. C. No.**
19. (a) **5-12-47** (b) **Geraldine Holmes**

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? _____
(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 **Chas. H. Boyler**
Address **1132 Professional Bldg.** Date signed **5/10/47**

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

Mr. J. H. Broyles,
Rm. 4222
Prof. Bldg.
1:22 PM 4/20

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 C. H. Wise

Licensed Embalmer No. 2570

P. O. Address 100 5th

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.