3. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 15491

Registrar's No. 584

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 1115 Church St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 1115 Church St. 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: *

3. (a) PRINT FULL NAME: Ellen G. O'Riley

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 9

6. (b) Name of husband or wife: James

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

7. Birth date of deceased: August 15, 1869 (Month) (Day) (Year)

8. AGE: Years 78 | Months 9 | Days 7 | If less than one day ... hr. ... min. 1

9. Birthplace: Fairfield (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation: Housewife

11. Industry or business: None

MOTHER FATHER

12. Name: Michael Hogan

13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4

14. Maiden name: Mary Quinn

15. Birthplace: New York, N.Y. (City, town, or county) (State or foreign country) 1

16. (a) Informant: Miss Mary Kennedy

(b) Address: 1115 Church St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Olivet Cemetery

18. (a) Signature of funeral director: Herman Wm Eidenfaden

(b) Address: 1802 Union St. St. Joseph, Mo

19. (a) 5-25-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1948 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 10, 1948 to May 22, 1948 that I last saw her alive on May 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5/10/48
Due to: Hypertension	—
Due to: Arteriosclerosis - gen -	—
Other conditions: Arthritis. Trees r	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause of 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: Frank Nardyan (M. D. or other)

Address: 6 to Mercer Date signed: 5/23/48

St. Joseph, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1946

JUN 2

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 Robert K. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.