

FILED AUG 2 1948

Registration District No. **42**

Primary Registration District No. **1000**

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: **State Hospital no 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **28 days** (Specify whether years, months or days)  
In this community **28 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3122 Broadway** **8**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No) **1**  
If yes, name country.....

3. (a) PRINT FULL NAME **Francis E Riley**

3. (b) If veteran, name war **?** 3. (c) Social Security No. **?**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Belle Riley** 6. (c) Age of husband or wife if alive **?** years  
7. Birth date of deceased **Oct. 9, 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1** **63** **9** **19** hr. min.

9. Birthplace **Olathe Kan**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Sheet metal worker**

11. Industry or business

MOTHER FATHER { 12. Name **Joseph R. Riley**  
13. Birthplace **Ill**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Hartman**  
15. Birthplace **Kan**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Belle Riley**

(b) Address **Kansas City, 3122 Broadway**

17. (a) **Removal** (b) Date thereof **7-28-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys P.C. Mo**

18. (a) Signature of funeral director **Quint B. G. ...**

(b) Address **20 W. Lincolnwood P.C. Mo**

19. (a) **7-28-48** (b) **C. E. Jenkins**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28**  
year **1948** hour **7** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **June 30, 1948** to **July 28, 1948**  
that I last saw him alive on **July 27, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **arterio-sclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **30**

Of autopsy

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 **James Thomas** (M. D. or other)

Address **St. Joseph, Mo** Date signed **7/28-48**

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**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 *H. W. Farmer*.....

Licensed Embalmer No. *4134*.....

P. O. Address *76 E. Mo*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**