No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26568

FILED AUG 26 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3183

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: Gen. Routel to General Hosp. #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: About 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 1204 Highland 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: R. J. Glenmore Riley

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

3. (c) Social Security No. 512-05-4434

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Frankie Eleanor Riley

6. (c) Age of husband or wife if alive: 34 years

7. Birth date of deceased: July (Month) 31 (Day) 1913 (Year)

8. AGE: Years 35 | Months 0 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace: Coffeyville (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation: Laborer

11. Industry or business: ____

MOTHER FATHER

12. Name: Samuel J. Riley

13. Birthplace: Okla. (City, town, or county) (State or foreign country) 1

14. Maiden name: Leatha Dixon

15. Birthplace: Okla. (City, town, or county) (State or foreign country) 1

16. (a) Informant: Mrs. Frankie Eleanor Riley

(b) Address: 802 Illinois, Coffeyville, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8/4/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Coffeyville, Kansas

18. (a) Signature of funeral director: E. Sterling Bell

(b) Address: 1212 Vine St. Kansas City, Mo.

19. (a) 8-4-48 (Date received local registrar) (b) Geraldine Holman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 2 year 1948 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__; that I last saw it alive on ____ 19__; and that death occurred on the date and hour stated above.

Deputy Coroner

	Duration
Immediate cause of death: Shock	
Internal Hemorrhage	
Due to: Multiple Stab Wounds	
Due to: Upper Chest	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 10'	
Of autopsy: Same as above	

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): Homicide

(b) Date of occurrence: 8-2-48

(c) Where did injury occur? K.C. Jackson Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1224-Highland (Specify type of place)

While at work? ____ (e) Means of injury: Stab Wound

23. Signature: H. Williams (M. D. or other)

Address: 1636-Brookings Date signed: 8-4-48

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City, M

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.