S. No. 300
V. 10.48

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

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37532

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4825

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 3 7yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 403 So BRIGHTON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 403 So BRIGHTON

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) ANN (MINNIE) c. (Last) Riley
4. DATE OF DEATH (Month) 11 (Day) 9 (Year) 51
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 8-24-1878
9. AGE (In years last birthday): 73 — If under 1 year: Months ~~2~~ Days ~~25~~ — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): IRELAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JERMIAH O'NEILL
13b. MOTHER'S MAIDEN NAME: MARY MALONEY
14. NAME OF HUSBAND OR WIFE: JOHN Riley Dec
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 561-18-9836A
17. INFORMANT'S SIGNATURE OR NAME: Francis J. O'Neill — ADDRESS: K.C MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). *It does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4221

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac-Insufficiency
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ~~Kansas City, Jackson, MO~~
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Jan 1, 1951, *to* 11-9-, 1951, *that I last saw the deceased alive on* 11-9-, 1951, *and that death occurred at* 10:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: James C. Walker M.D. (Degree or title)
23b. ADDRESS: 1424 Profess. Bldg KCMO
23c. DATE SIGNED: 11-10-51
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/12/51
24c. NAME OF CEMETERY OR CREMATORY: St Mary's
24d. LOCATION (City, town, or county) (State): KANSAS CITY Mo
DATE REC'D BY LOCAL REG.: 11-11-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Shell Funeral Home K.C Mo

(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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed J. P. Sheil

Licensed Embalmer No. 3625

P. O. Address K.C. Mo

Signed.....
Student Embalmer

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.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 37532
Local Registrar's No. 4825

On this 29th day of November, 1951, before me appears John F. O'Neill ~~Francis J. O'Neill~~, who, upon his oath, states that the original record of ~~birth~~ death for Mary Ann Riley ~~born~~ died November 9, 1951, in the State of Missouri, and which was filed at Kansas City on Nov. 11, 1951 should be corrected as follows:

Item No. 3 should read Mary Ann (Minnie) Riley

Instead of Mary Ann Riley

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X John F O'Neill Nephew
Relationship.

403 So Brighton K. C. Mo.
Present Address.

Subscribed and sworn to before me this 29th day of November, 1951.

My Commission expires Oct. 21. 1955 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
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