OCT 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3116711
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township or City Kansas City Mo.
Registration District No. 399
Primary Registration District No. 100
Registered No. 3709
(d) Street No. Conley Clin, Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Ray Risser
(a) Residence, No. Conley Clinical Hospt 119 Garfield St. Ravenwood Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
9	9	7	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parnell Mo.

FATHER
13. NAME Vilas Risser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Mo.

MOTHER
15. MAIDEN NAME Eva Powell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ravenwood Mo.

17. INFORMANT (ADDRESS) Mrs Eva Risser Ravenwood Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ravenwood Mo. DATE Sep 24 1939

19. FUNERAL DIRECTOR (NAME) Campbell Funeral Home
(ADDRESS) Maryville Mo

20. FILED 9/22 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1939, to Sept 22 1939
I last saw him alive on Sept 22 1939. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Peritonitis	Sept 20 39
121	

Other contributory causes of importance:
Ruptured gangrenous appendix

Name of operation Appendectomy Date of Sept 20-1939
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo J Conley, M. D.
(Address) 116 West 47th St

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16603

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.