

FILED MAR 14 1941

Registration District No. 277

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Lachar  
(b) City or town Lamas Co. Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since Dec 30 1940  
In this community 6 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Crawford  
(c) City or town Pittsburg Kas 999  
(If outside city or town limits, write "RURAL") 14  
(d) Street No. 1915 So Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 20 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11  
year 1941 hour 6:30 minute a M.

21. I hereby certify that I attended the deceased from Dec 30  
to Feb 11, 1941,  
that I last saw her alive on Feb 10, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction of Right V. with embolization of Rt. iliac artery  
Due to Pulmonary embolism  
Due to FE

Other conditions (Include pregnancy within 3 months of death) 55

Major findings: Of operations \_\_\_\_\_  
Of autopsy see 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) \_\_\_\_\_  
(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 W. J. Miller (M. D. or other) \_\_\_\_\_  
Address 800 Ogden Date signed 2-11-41

3. (a) PRINT FULL NAME Inez L. Risk

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NO

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Howard L. Risk 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 20 1892  
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Adrian Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Director of Melard Hall

11. Industry or business Pittsburg Kas

12. Name Jesse L. Goff

18. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie J. Hall

15. Birthplace Adrian Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Loston

(b) Address Pittsburg Kas

17. (a) Removal (b) Date thereof 2-11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg Kas

18. (a) Signature of funeral director M. M. Brown

(b) Address 918 Brooklyn St Mo  
2/11/41 (c) M. M. Brown  
(Date received from registrar) (Registrar's signature)

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

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed L. H. Wise

Licensed Embalmer No. 2570

P. O. Address 16 @ 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, above space should be left blank.**