

No. 2
-13-40
-17-39
1915

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11352

State File No.

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wk
(Specify whether In this community. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion ⁶⁴/₃

(c) City or town Hannibal ⁴/₁
(If outside city or town limits, write "RURAL")

(d) Street No. 2200 Lindell Rd
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Harry Riskey

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 Alberta 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 24 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>2</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Hannibal MO
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name Oscar Riskey

13. Birthplace Hannibal MO
(City, town, or county) (State or foreign country)

14. Maiden name Julia O'Leary

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

16. (a) Informant Alberta Riskey

(b) Address 2200 Lindell Rd Hannibal Mo

17. (a) Burial (b) Date thereof May 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White River

18. (a) Signature of funeral director James Adams

(b) Address Hannibal Mo

19. (a) Mar 14 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1941 hour _____ minute 11 P. M.

21. I hereby certify that I attended the deceased from 2-20 1941 to 3-6 1941; that I last saw him alive on 3-4 1941; and that death occurred on the date and hour stated above.

Immediate cause of death 1 Cardiac fibrillation

Due to 2 Myocardia (persistent)

Due to _____

Other conditions: 3 Cirrhosis Liver + acute cholecystitis
(Include pregnancy within 5 months of death)

Major findings: Acute cholecystitis + Cholelithiasis + jaundice

Of operations _____

Of autopsy no

Duration 7 hrs

12 days

12 h

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? 118 X

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address Hannibal MO Date signed 3-14-41

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 *Harold M. Offenberg*

Licensed Embalmer No. *3889*

P. O. Address *Harmon, W.V.*

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.