

FILED MAR 15 1943

Registration District No. **149**

Primary Registration District No. **1002**

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

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2-24-43-2-28-43**
(Specify whether years, months or days)

In this community **20 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **1414 Lydia**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **KATIE RISER**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **495-09-2597**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **James Riser** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **April 1 1901**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	10	27	hr. min.

9. Birthplace **Wagner County Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laundry worker**

11. Industry or business **Business**

MOTHER FATHER

12. Name **Jesse Barner**

13. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)

14. Maiden name **Janice**

15. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **3/6/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Hathorn Bros.**

(b) Address **1729 Lydia**

19. (a) **3-4-43** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **28** year **1943** hour **3:25** minute **a.** M.

21. I hereby certify that I attended the deceased from **February 24 1943** to **February 28 1943**; that I last saw her alive on **February 28 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Anoplexy**

Due to **83a1**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **D. J. [Signature]** (M. D. or other) Address **Gen. Hosp #2-600 E 22** Date signed **3-3-43**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

48 mph

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.....

Isaac Jerome Malove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.