

FILED DEC 22 1943/9
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 5139

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3728 Garfield Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3728 Garfield Ave.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Christina B. RIEGER.
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 1st
year 1943 hour 4 minute 15 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James C. Rieger
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased April 6th, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Deputy to Coroner, 1943; that I last saw him alive on 1943; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 7 25 hr. 4 min.

Immediate cause of death Arteriosclerotic heart
Due to Disease
Due to 931
Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Unknown Sweden

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

14. Maiden name Unknown

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

16. (a) Informant Eggar Nelson (Son)

(b) Address 1636 Washington St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Melody McGilley
(b) Address K. C. Mo.

19. (a) 12-16-43 (Date received local registrar) (b) D. C. Brown (Registrar's signature)

Major findings: Of operations Inspection history
Of autopsy Inspection history

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? _____

23. Signature D. E. Usher (M. D. or other) 3728
Address 28 McCall Date 12/16/43

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

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 Russell N. Frame
Licensed Embalmer No. 4255
P. O. Address K. C. 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, fact should be so stated above.