

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42562
Registrar's No. 304

Registration District No. 146

Primary Registration District No. 3026

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

1. PLACE OF DEATH
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 45 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Emil Henry Riske
3. (b) If veteran, name war → (c) Social Security No. 499-14-1039

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Amanda Riske 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Jan. 6 - 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 29 If less than one day
hr. min.

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

10. Usual occupation Pharmacist

11. Industry or business Zantex Friths Drug Co

12. Name Fred Riske

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

14. Maiden name Lizzie S. Limberg

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

16. (a) Informant Edwin Kabiske

(b) Address Annellon, Indiana

17. (a) Burial (b) Date thereof Dec. 6 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Ott & Mitchell
(b) Address Independence, Mo.

19. (a) 12-5-1943 (b) Jessell Reed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) county Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 113 W. Farmer
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1943 hour 3 minute 45 AM.

21. I hereby certify that I attended the deceased from
19... to 19...
that I last saw him... alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis 10 min
Myocardial infarction 10 "
Encephalitis 3 "
Due to...
Due to... 99.1

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Myocardial infarction
Of autopsy same
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) (M. D. or other)

23. Signature Jessell Reed (M. D. or other)

Address Indep Date signed 12/5/43

DEC 2 9 1934

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 Henry S Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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.