

No. 2
-12-45
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5036
Registrar's No. 362

FILED FEB 17 1947

Registration District No. 1779 Primary Registration District No. 1002

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community unknown
years, months or days)

3. (a) PRINT FULL NAME Thomas Riley
3. (b) If veteran, name war Do not know 3. (c) Social Security Do not know

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Do not know
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months Days If less than one day hr. min.

9. Birthplace Do not know (City, town, or county) (State or foreign country) 9

10. Usual occupation none

11. Industry or business
MOTHER FATHER { 12. Name Do not know
13. Birthplace Do not know (City, town, or county) (State or foreign country) 9
14. Maiden name Do not know
15. Birthplace Do not know (City, town, or county) (State or foreign country) 9

16. (a) Informant Father, W.C. Donnell, Jr.
(b) Address 537 main ST

17. (a) Removal (b) Date thereof Feb 7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Not Colver, K.C.K.

18. (a) Signature of funeral director James H. B...
(b) Address K.C.M.O.

19. (a) 2-6-47 (b) Alfredine Holmes
(Date received local registrar) (Registrar's signature)

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. 547 Walnut
(If rural, give location)
(e) Citizen of foreign country unknown (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1947 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 1 1947 to Feb. 4 1947;
that I last saw him alive on Feb. 4 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma with multiple metastasis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 47C
Of operations _____
Of autopsy See above

Duration
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 0
23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 2-5-47

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

de Null

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 *Francis Walter*.....

Licensed Embalmer No. *27174*.....

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.