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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34647

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4377

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: RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)

In this community 30 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS ADELE MARIE RILEY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Thomas Riley

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased December 1 1886  
(Month) (Day) (Year)

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

63 62 10 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Eugene Bousson

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

Maiden name Anna Mehl

14. Birthplace New York City New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Annadell Riley  
(b) Address 4041 Kenwood

17. (a) removal (b) Date thereof Oct 20, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burlington Iowa

18. (a) Signature of funeral director Quirk + Robin

(b) Address 20 W Linwood

19. (a) 10-19-47 (b) Geraldine 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. 4041 Kenwood  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4 1947 to 10-18 1947  
that I last saw her alive on 10-18 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to Broncho Pneumonia  
Carcinoma of Colon  
with Metastasis

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: same 4108

Of operations

Of autopsy no

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)

23. Signature J. Moutgomery M.D. or other  
Address Professor Bldg Date signed 10/19/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER  
Cousin  
11/12/1947  
Halliburton

**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 *Howard W. Farmer*.....

Licensed Embalmer No. *4134*.....

P. O. Address *Kansas City 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of MO  
County of Jackson ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 437747

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22 day of October, 1947, before me appears Miss Annadele Riley, who, upon her oath, states that the original record of ~~birth~~ death for adele Marie Riley died Oct. 18 ~~born~~, 1947, in the State of Missouri, and which was filed at K. C. Mo on 10-19, 1947, should be corrected as follows:

Item No. 7 should read December 1, 1883

Instead of \_\_\_\_\_ December 4, 1884

Item No. 1619 should read Miss Annadele Riley

Instead of \_\_\_\_\_ Miss Annadell Riley

Item No. 8 should read 63-10-11 days

Instead of \_\_\_\_\_ 62-10-14 days

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant: Annadele Riley daughter Relationship.

4041 Kenwood Present Address.

Subscribed and sworn to before me this 22 day of October, 1947.

My Commission expires Oct. 21, 1951 Barrie M. Ruppelme Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

34647