

Registration District No. **149**

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: **Armour Memorial Home 5**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **8 years**
(Specify whether
In this community **41 years**
years, months or days)

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. **8100 Harvard Rd.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **Rachel Harrison Riskin**

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 **Henry Riskin** 6. (c) Age of husband or wife if alive **Dec** years
7. Birth date of deceased **August 12 1869**
(Month) (Day) (Year)

8. AGE: Years **78** Months **10** Days **19** If less than one day
.....hr.min.

9. Birthplace **Shullsburg, Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER

12. Name **Wm Harrison**

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

14. Maiden name **Elizabeth Perry**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Ms. G. S. Mallocks Armauer**

(b) Address **Armauer Home North**

17. (a) **Burial** (b) Date thereof **7 13 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Int Memorial Lot 2, 6th St Lot 42 Block 16**

18. (a) Signature of general director **Wm McCreary**

(b) Address **St. Charles, Mo.**

19. (a) **7-13-48** (b) **Rosaline Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **11**
year **1948** hour **3** minute **P** M.

21. I hereby certify that I attended the deceased from **July 11** to **July 11** 19**48**
that I last saw **her** alive on **July 10** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma, Stomach**

Due to.....

Due to.....

Other conditions **Hyper. tension**
(Include pregnancy within 6 months of death)

Major findings: Of operations **46**

Of autopsy.....

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**

Signature **C. D. Pautsch** (M. D., or other)

Address **630 Argyle St** Date signed **7/12/48**

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.....

Robert H Reed

Licensed Embalmer No.....

3745

P. O. Address.....

112

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.