

1938 DEC 1 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38933
Do not use this space.

1. PLACE OF DEATH
(a) County Polk Registration District No. 201
(b) Township Liberty Primary Registration District No. 3280 Registered No. 89
(c) City Liberty (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred _____ yrs. mos. - ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Mary R. Riley
(a) Residence, No. 401 Safflower St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James J. Riley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28/1847
7. AGE YEARS 91 MONTHS 4 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. for self
10. Date deceased last worked at this occupation (month and year) 10/1/38
11. Total time (years) spent in this occupation 75
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo.
13. NAME Geo. Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
15. MAIDEN NAME Mary Louisa Crockett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
17. INFORMANT (ADDRESS) Louise Riley Liberty Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE Nov 25 - 38
19. FUNERAL DIRECTOR (ADDRESS) Church - Archer Co Liberty Mo.
20. FILED 11/25 1938 E T Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 - 1938
22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938 to Nov 23, 1938
I last saw her alive on Nov 23, 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:
General Atherosclerosis
Date of onset _____
Other contributory causes of importance: 97
none
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Burton Matthey, M. D.
(Address) Liberty Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/8/38

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)