

Registration District No. **174**

Primary Registration District No. **5242**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural Clark Twp.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days
3. (a) PRINT FULL NAME Joseph A. Riley H 0-0
3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No. _____

4. Sex male **5. Color or race** W **6. (a) Single, widowed, married, divorced** married
6. (b) Name of husband or wife Amanda Riley **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased May 13 - 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Chariton County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER
12. Name Pinkney Riley
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Cavanaugh
15. Birthplace Chariton Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. A. Riley
(b) Address Rural, Marston Mo.

17. (a) Burial **(b) Date thereof** Nov. 9 - 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bell Cemetery

18. (a) Signature of funeral director Jas M Laughlin
(b) Address Marston Mo

19. (a) Nov 9 39 **(b)** W.D. Stratton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 7th
year 1939 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from 1935, 19____ to Nov. 7, 1939;
that I last saw him alive on Nov 7, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 10/20/39
Due to Hypertension
Due to Atherosclerosis
Other conditions Senility of 75
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations
Of autopsy _____
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? No

While at work? (Specify type of place) (e) Means of injury _____
23. Signature M. L. Dietzinger (M. D. or other) _____
Address Marston Mo Date signed 11/9/39

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

Nov. 4-17-39
Form 1 X1981

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.

RECEIVED
DISTRICT HEALTH COMMISSION
FILE NUMBER
6/13/21
Date Filed

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 Blanche M. Taylor

Licensed Embalmer No. 19019

P. O. Address Marceline, 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, above space should be left blank.