. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1940

State File No. 2880

Registration District No. 464 Primary Registration District No. 5626 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lafayette Tow

(b) City or town Rural - Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1yr - 4Mo. - 12 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Rural - 1½ mi. North Mayview
(If outside city or town limits write "RURAL")

(d) Street No. 1½ mi. North - Mayview - Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wanda Rita Riley 4100

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 29 (Day) 1938 (Year)

8. AGE: Years 1 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Odessa - Mo. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business 0

FATHER
12. Name George Riley 0
13. Birthplace Mayview - Mo. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Eva Bernice Conrad
15. Birthplace Mayview - Mo. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Francis Stuntemeyer
(b) Address Mayview Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa Cem.

18. (a) Signature of funeral director Blincoe & Sons
(b) Address Odessa, Mo

19. (a) 1-12-1940 (Date received local registrar) (b) Mrs E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-10 day 11
year 1940 hour 8 minute a M.

21. I hereby certify that I attended the deceased from 1-11, 1940 to 1-11, 1940
that I last saw her alive on 1-11-1940 @ 4 am 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Fibrinous tracheo bronchitis

Due to Streptococcus infection of bronchae

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 1-9-1940
(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?
(Specify type of place)
While at work? (e) Means of injury 5

4/6

23. Signature E B Nisbet MD (M. D. or other)
Address Odessa Mo Date signed 1/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/7/40

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 Ben C. Blanco

Licensed Embalmer No. 1836.

P. O. Address Odessa 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.