

FILED MAR 7 - 1940

Registration District No. **604**

Primary Registration District No. **4358**

Registrar's No. \_\_\_\_\_

72  
7  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County new modied  
 (b) City or town new modied  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 400

**3. (a) PRINT FULL NAME:** WILLIAM RILEY  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

**4. Sex:** male **5. Color or race:** Col  
**6. (a) Single, widowed, married, divorced:** Married  
**6. (b) Name of husband or wife:** Jaritta Riley **6. (c) Age of husband or wife if alive:** \_\_\_\_\_ years  
**7. Birth date of deceased:** about 1873  
(Month) (Day) (Year)

**8. AGE:** Years about 67 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace:** new modied Mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Farm

**11. Industry or business:** \_\_\_\_\_  
**12. Name:** ned Riley  
**13. Birthplace:** new modied Mo  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** unk  
**15. Birthplace:** unk 9  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Jaritta Riley  
 (b) Address: new modied Mo R. 1.

**17. (a) Burial:** \_\_\_\_\_ (b) Date thereof: Feb 11 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation new modied Mo.

**18. (a) Signature of funeral director:** L. A. Richards  
 (b) Address: new modied 1533

**19. (a) Date received local registrar:** 2-12-1940 (b) Registrar's signature: Wm O'Bannon  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County new modied  
 (c) City or town new modied  
(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 Feb day 8  
 year 1940 hour 9:30 minute a. M.

**21. I hereby certify that I attended the deceased from** Feb 4  
1940 to Feb 8, 1940  
 that I last saw him alive on Feb 6, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Eden Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: unk  
 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

**23. Signature:** W. O. Bannon (M. D. or other) 1  
 Address: new modied Mo Date signed 2-9-40

RECEIVED

District Health Officer No: 2

District File Number 340-666

Date Filed 3/4/40

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**