

Registration District No. 408 Primary Registration District No. 5564 Registrar's No. 208

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Central - Madison Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 10 years (Specify whether  
years, months or days) 2

3. (a) PRINT FULL NAME LAURA RIFFEE

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased August 9 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 3 5 hr. \_\_\_\_\_ min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Thomas Riffie

18. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Livingston

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

16. (a) Informant: Verzil Riffie

(b) Address Route 1 - Chubbage, Mo.

17. (a) Rural (b) Date thereof Mo. 16 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Family Crematory

18. (a) Signature of funeral director W. J. McIntosh

(b) Address Chubbage, Mo.

19. (a) Nov. 15, 1940 (b) W. J. McIntosh  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th  
year 1940 hour 9:15 minute 9 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw her alive on November 15 - 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 47H

Due to Generalized Arteriosclerosis

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

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy View

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? 86!

(e) Means of injury \_\_\_\_\_

23. Signature W. J. McIntosh (M.D. or other) \_\_\_\_\_

Address Jasper, Mo. Date signed 11-15-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

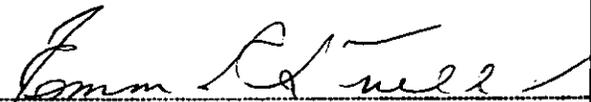
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**STATEMENT BY LICENSED EMBALMER**

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.

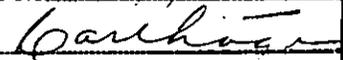
Signed



Licensed Embalmer No.

391

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.**