

No. 2
1-4-41
17-39
x28390

FILED SEP 16 1941
Registration District No. 210

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
2210 Pierce
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 2210 Pierce
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Henry Riley

3. (b) If veteran, name war NO

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 28th
year 1941 hour 6 minute 30 A.

21. I hereby certify that I attended the deceased from Aug 28 1941 to Aug - 28 1941
that I last saw him alive on _____ 19_____
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife John Riley 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept 30 1884
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration _____
Hypertension
Due to Atherosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

8. AGE: Years 56 Months 10 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer & Laborer

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Riley

13. Birthplace Unknown Tenn ?
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Harrison Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John H Riley

(b) Address 2210 W Pierce

17. (a) Burial (b) Date thereof 8-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmito

18. (a) Signature of funeral director W. E. Dunn

(b) Address 629 W Walnut

19. (a) 8-30-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____

23. Signature Wm T. ... (M. D. or other) _____
Address Springfield Mo Date signed 8/30/41

989 (Licensed Embalmer's Statement on Reverse Side)

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 Lawrence L. Hall
Licensed Embalmer No. 2784
P. O. Address Springfield, 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, fact should be so stated above.

X