

STANDARD CERTIFICATE OF DEATH

State File No. 36273

Registration District No. 345

Primary Registration District No. 4553

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott - New Madrid
(b) City or town Matthews
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Matthews Mo. P3
(If outside city or town limits write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1941 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from July 7
1941 to July 7 1941.
that I last saw him alive on July 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension
3 yrs.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 102
Of autopsy
PHYSICIAN
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 H. B. Throgmole (M. D. or other)
Address Dickson, Mo. Date signed 7/10/41

3. (a) PRINT FULL NAME Wm. Harbut Riley

8. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, man

6. (b) Name of husband or wife Pearl Riley Oct. 7 1887 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Gray Co. Ky (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Joe Riley

13. Birthplace Gray Co. Ky (City, town, or county) (State or foreign country)

14. Maiden name Ethel Watkins

15. Birthplace Gray Co. Ky (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Riley

(b) Address Matthews Mo. P3

17. (a) Burial (b) Date thereof July 11 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matthews Co.

18. (a) Signature of funeral director Watkins Family

(b) Address Dexter, Mo.

19. (a) Sept 10 41 (b) Mildred Deane (Date received local registrar) (Registrar's signature)

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

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 Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Lickston, Md

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.